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Communications.

PNEUMONIA.

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During the last several years nearly all the prominent men of Philadelphia who have died have been carried away in a few days, from a state of health, by pneumonia. Such were the press reports in the cases of General Meade, Judge Cadwallader, Bayard Taylor and many, many others of the eminent men; and it has astonished me that while pneumonia has been so fatal in the city, as all must confess that it has been, we should not, in any report of any medical society, have an account of the progress and treatment of a single one of the cases, or an article on the approved treatment of the disease.

I have repeatedly inquired in relation to the treatment pursued by physicians in Philadelphia, but have failed to discover more than this: "That they never bleed, for fear of so weakening the patient that he will not be able to stand the exhaustion of the last stage;" and on inquiring what is the last stage? I am told, "The stage of purulent infiltration." Second, that the frequency of the pulse is reduced by verat. viride, the heat of the body by large doses of quinine, and the strength of the patient maintained by the early, continuous, and I may say, copious use of beef tea, milk punch, brandy or whisky, and whatever else of the most nourishing food can be used; all these things done in the hope that the patient will be able to bear up until all the stages have been gone through.

Now what are these stages? In other words, what is this disease? I have read very carefully, over and over again, what Ziemssen and his German co-laborers say about it, and I find that inflammations of the lung begin in the same way, run the same course, and have terminations alike, wherever they occur. The works on practice, during the last fifty years, all give the same account of its invasion, progress and termination. First stage, congestion, by some better termed inflammatory engorgement. It is quite easy to call it inflammatory engorgement, but what is the condition of the lung now? Juergensen says: "the lungs in that stage are of a dark-red color, heavy, firm, and retain the depression caused by the pressure of the finger; showing that they contain little or no air, but fluid. On section, the substance is found to be dense, the result of swelling of the tissue and infiltration with a bloody, serous fluid. Next comes the second stage, hepatization, marked by a very adhesive, viscous, reddish-brown, secreted fluid." This second stage is the one which is very generally present when the physician is first called, marked by the viscous, bloody and rust-colored expectoration. Juergensen continues: "The lung is now, internally and externally, of a dark, brownish-red color, solid, but easily torn; no longer crepitates. On being cut, usually exudes—only on pressure—a brownish-red, opaque, bloody, serous fluid. This condition, known as red hepatization, soon changes into the third stage proper, that of purulent infiltration. The cut surface is now of a straw-yellow color, and from it exudes, in large quantity, a very viscid, purulent fluid, of a faint odor." It is the exhaustion of this purulent stage that the persons who follow what they call

the supporting plan, and who oppose taking blood from the arm, dread. They believe that the disease must go through its course—its three stages, and therefore they do nothing to arrest its progress, but are very busy feeding, and watching, and waiting; they pay many visits, are wonderfully strict with the nurse, see to it that she has the whole chest enveloped by poultices, and changed for fresh ones, every few hours; themselves attend to the making of the milk punch and whisky toddy, from the very best whisky, gotten at their favorite druggists'. They do nothing to prevent the congestion—which, of course, occupied but a small part of the lung for the first few hours—from being extended to other portions of it; or if they have not seen the case until the inflammatory engorgement has already occupied a great part or all of the lung, do nothing to arrest its passage into the third stage, which I will call the stage of suppuration; a stage from which they can rarely rescue their patient.

Now, all their treatment seems to me to be wrong—wrong in principle and wrong in practice. Their principle is that, the disease being one which, like smallpox, will run a prescribed course, always the same in point of time, differing only in degrees of mildness or severity, it is their duty not to attempt to arrest its course, but to keep up the strength, so as to bear the suppuration going on in the whole of one lung. We who follow the treatment used by physicians many years ago, to allay acute inflammation wherever situated, utterly scoff at the idea that we cannot arrest the course of pneumonia. We believe it one of the most curable of our diseases, and we say this from our own experience of it. Even Ziemssen says of croupous pneumonia, now so greatly dreaded by many: "When it occurs in a hitherto vigorous individual, not weakened by age, excess in eating or drinking, or other diseases, *it is the least fatal of acute affections.*" Every reader of your journal will admit that pneumonia has come to be a greatly dreaded disease—a very fatal one under the strength-preserving treatment, by quinine, whisky, aconite or veratria, milk punch, beef tea, hot poultices, etc.

I divide all practitioners who treat this disease into two classes: those already described, and those who practice by cupping, cool baths, or cold applied in other ways, to reduce heat, without caring, for the first few days, whether the patient takes food or not, the object of the treatment being to allay an inflammation of the lung, which, if unallayed, will be almost certain to destroy life. We of the latter class—but it is hardly fair to drag others into the support of my views, so I will not use *we* any more, and you will, therefore, allow me to say I believe that the earliest congestion of the lung goes on for a short time without evidence to the patient that anything is wrong with him, but in a few hours this irritation, which invited the flow of the blood to the part, and which has filled the capillaries of the lung tissue with an excess of blood, and which, by their engorgement, are obliterating the cavities of the air-cells, produces a chill on the surface of the body. Some physicians—not a few—there are, who regard the chill as the cause of the congestion. They say, "He took a chill, and it fell on his lung; produced a pneumonia." I have often known physicians, when called to a patient who had had a chill, say to him, on being asked what he thought the affection was, "well, it is hard to say yet; we will see after awhile where the chill will strike;" impressing the patient with the belief that the chill was an evil thing which was running all over his body, to see where most fatally to strike him. I do not believe there ever yet was a chill which was not preceded by some local disease already under way in the system.

I regard pneumonia as simply an inflammation of the lung tissue, and I don't worry myself to distinguish between catarrhal pneumonia and croupous pneumonia, for it makes no difference, so far as treatment is concerned, which it is; and because, too, that neither myself nor any one else can tell which it is during that time when treatment is so indispensable. Even Juergensen says, "It will be found very difficult, and perhaps impossible, to draw the distinction between a case of catarrhal and one of croupous pneumonia, if one does not see the case until consolidation is complete." When is consolidation complete? Why, in the first stage. He says of them then, in the first stage, "they are of a dark red color, heavy, firm, and contain little or no air."

We have thus shown how this disease progresses; now, what is it? The same author says: "Croupous pneumonia, anatomically considered, is an acute inflammation of the alveoli and bronchioles, in which a fibrinous exudation is poured out on the free surface of the mucous membrane and there coagulates." I am almost ashamed to have taken up so much of your space with a description of this disease, which, after all, is simply *an inflammation of the substance of the lung.* Talk of the alveoli and the bronchioles!! as if they were something separate from the lung. Why they are really, with the blood vessels and

nerves, the whole tissue, formerly spoken of as the "parenchyma" of the lung.

Having now come face to face with an acute inflammatory affection of the lung, our business is to arrest it. If we see it and recognize it in the stage of congestion, when it is hourly spreading further and further through the lung, we can arrest it at once. It shall not pass into the stage of red hepatization. He has had a chill; has some pain, perhaps; coughs somewhat, and there are traces of blood, indeed, bloody serum and even blood and some traces of rusty sputa; the blood is rapidly distending the small blood vessels of the lung; the heart is beating rapidly; the man is hot, oppressed, restless, and with a sense of great weakness. What, now, shall we do? Will quinine, or aconite, or verat. viride, or whiskey punch, or hot poultices over the chest, or all of them together, arrest the flow of blood which, invited by the irritation of the lung, is rapidly filling up and distending, almost to bursting, the tens of thousands of capillaries? No! not one of those means will be of any avail: and yet intelligent men will stand by the bedside of an eminent man, and rely on those means, while their patient becomes more and more oppressed, choked and suffocated, by the lung being filled with blood, to the exclusion of every particle of air. But the physician is not idle, nor listless; he is anxious, and he has called another to his aid, and the two have called a third, and now the treatment is urged with greater force; the medicine and the food are both increased, while the theory of its being a constitutional disease—a blood disease—is canvassed, and all agree that his evident weakness is proof of the depressing nature of the poison with which the blood is filled; and now, that the poor man is gasping for breath, and his strength is failing for want of air in his lungs, the syringe, filled with "the most nourishing substances known to the profession," is brought into use, but all in vain. "It would have terminated well if we could have kept up his strength until the disease had run its course."

I do not like to write thus; but I have been agonized to see our best men, and men, and women and children of all classes, sacrificed to treatment that has nothing to sanction it, neither reason, nor experience, nor common sense, nor the well established action of any of the means on which they rely. They have had much talk about the change which half a century has wrought in the human system, deteriorating it, weakening it, so that the loss of a few ounces of blood during the progress of any disease would be hazardous to life; and yet not one of the trio, perhaps, had ever seen the effect of that measure in the treatment of a disease.

You are anxious, by this time, to know how I regard this disease and how I would treat a case. To me, it is simply an inflammation, and I would use rapidly, as early as possible, the means which, in a practice of half a century, I have found safe and most efficient in allaying inflammation. Well, here is my patient; he had a chill hours ago; he has some pain in his side, some cough, he feels very weak, his face is flushed, he is hot and thirsty, his pulse is over a hundred, the thermometer rises to 103°, he breathes scarcely at all through most of one lung; there is a little blood and viscous fluid, slightly rust colored, in the basin by the bedside; he knows how he got sick; he "was down in the iron ore shaft all yesterday, at work; came up in the evening to come home, and being in a perspiration, soon, in facing the wind, cooled off too suddenly." I propose to bleed him; he objects, on account of his great weakness. I tie up his arm, bleed him twenty ounces, or perhaps he feels faint by the loss of less than that; he expresses himself as being relieved somewhat of his oppression; he can lie more comfortably, he feels relieved of the fullness in the chest, but still he has a little pain in the side, or in the breast just above the nipple. I order him one-quarter gr. sulph. morph., direct that a towel wrung out of cold water, ice-water, if convenient, be applied over the affected part, to be changed frequently—or substituted by a bladder of ice and water. Then directing a mixture which contains some spirits of nitre, with about the 32d of a grain of sulph. morph. to a teaspoonful every two or three hours, I leave him, with an express direction not to worry him by any offer of food. Next day, or even the same day, perhaps, if I find that he is not entirely relieved of the pain, and is still expectorating viscid sputa, I bleed him again freely, and if need be, cup him, and after that he is generally safe. Some one will say—that may do very well for your strong iron-ore diggers, but it would prove fatal to our delicate patients. Perhaps so, but in my experience I have found that the weak and frail need to have the same means used to allay a toothache or a sciatica, a pleurisy or a rheumatism, as the robust. They bear the remedies to cure an ague as well, and need them as greatly, as the strongest. I have often bled the infant strangling with croup, with immediate relief; weak women with pleurisy or pneumonia, old men and aged, very aged women, to relieve affections of the brain, or avert a paralysis.

I believe there has not been any change in the human system in this climate which has made it more hazardous to take blood from the sick than it was forty years ago. But I must close, and ask of you to give me place for another number, in which I may illustrate more fully my views and practice.

(To be Continued.)

DIGESTIVE AGENTS IN INFLAMMATORY RHEUMATISM.

BY S. V. SWERINGEN, M.D.,
Of Fort Wayne, Ind.

It is not my purpose to attempt an exhaustive treatise upon the history, pathology, etiology and therapeutics of acute articular rheumatism. My aim is, rather, to induce the profession to make a trial of the remedy I propose to introduce, inasmuch as my own data are insufficient to warrant any positive conclusions as to the confidence it should merit in the treatment of this disease, and as a considerable period of time may elapse before another case of it will occur in my practice.

The therapeutics of rheumatic fever is, in my opinion, as unsatisfactory as its etiology and pathology; a fact which seems to justify the practitioner in resorting to experiment in its treatment. This was the light in which I considered the subject when called recently to treat a case of the disease under consideration.

Heretofore, in the management of this malady, I have pursued the plan of treatment generally recommended by our authorities: the administration of alkalies, salicylic acid, salines, quinine, tincture of iron, colchicum, lemon-juice, opium, salicin, the application of blisters, leeches, wrapping the joints in cotton, etc., etc.

The results in my hands, of this routine of treatment, have been so universally unsuccessful, that I finally directed my attention only to the relief of pain and the protection of the heart, and waited patiently for the expiration of the "six weeks" (or eight or ten, as the case may have been), for convalescence to become established.

In a typical case, however, which I am about to relate, after three days of treatment by the old plan, I decided to forsake it and employ some new agent which, to the best of my knowledge, had never been prescribed.

On the first of the present month (Dec., 1880), I was called to see George Humphrey, aged 15 years. I found him bathed in an acid perspiration, and screaming with pain, which migrated from ankle to ankle, knee to knee, wrist to wrist, elbow to elbow, and from his right hip to his right shoulder. Temperature 104° F., tongue covered with a peculiar pasty, creamy coat, pulse beating at the rate of 140, rather soft and compressible. Urine somewhat scant in quantity, highly colored and acid in its reaction. The slightest touch upon the radial artery caused him pain, and it was with great difficulty that he could be moved at all. In short, it was a characteristic case of the complaint in question, the cause of which he attributed to sleeping in a damp bed away from home.

I immediately directed the following treatment:—

℞. Acid salicyl., Quin. sulph., āā ʒss
Opii pulv., grs. vj
Morph. sulph., gr. j. M.
Ft. capsulæ No. vj, div. et.

Sig.—One capsule every four hours.

℞. Potass. acet., ʒiij
Sprts. æth. nit., f. ʒj
Tr. aconit. rad., gtt. xv
Syr. ipecac., f. ʒij
Liq. am. citrat., q.s. ad f. ʒiv. M.
Ft. sol., et.

Sig.—A tablespoonful two hours after each capsule.

℞. Sodæ et potass. tart., ʒij.

Sig.—Add to a glass of water and give one-third of the solution every two hours, until it operates freely on the bowels.

Pursuing this treatment for a period of seventy-two hours, and noticing no improvement in his condition, other than that which might be naturally expected from the effect of the opiates, which, only to a moderate degree, however, mitigated the pain, I began to cast about, mentally, for some other remedy.

It was necessary, of course, to frame some theory as a basis for the selection of the new agent, and jumping at the conclusion that the predisposing cause of the malady was some unknown error in digestion, either gastric or intestinal, or both, the idea that lactopeptine or ingluvin might be of some benefit, at once suggested itself. I decided to give both, and accordingly left the following prescriptions:—

℞. Lactopeptine, Ingluvin, āā ʒss
Opii pulv., grs. viij
Morph. sulph., gr. j. M.
Ft. capsulæ No. vj, et.

Sig.—One capsule every four hours.

Not wishing to discard entirely the usual time-honored treatment, sanctioned by so many able authors, I alternated each dose of the foregoing

prescription with a tablespoonful of the following:—

R.	Potass. iodid.,	℥j	
	Potass. bicarb.,	℥iij	
	Aquæ destil.,	f.℥iij	
	Tr. colch. sem.,	f.℥ij	
	Tr. gent. co.,	f.℥iij	
	Syr. simp., q.s. ad	f.℥iv.	M.

Ft. sol., et.

Sig.—A tablespoonful two hours after each capsule.

Upon my next visit, which was made after the expiration of twenty-four hours, I was very much surprised, indeed, to notice such a well-marked general improvement in the condition of my patient. His parents were likewise happily astonished, for I had prepared them to expect a six weeks' siege of the attack. The pain, swelling and temperature had decidedly subsided, and he could now move a number of muscles with comparative ease.

Fearing that his apparent convalescence was a mere respite, but of short duration, and that the enemy would ere long make a fresh and more vigorous attack, I directed the prescriptions to be renewed and taken as before.

Upon my next visit, twenty-four hours subsequent, I discovered that my patient had arisen from his bed, dressed himself, and walked down stairs into the sitting room, where I found him feeling quite comfortable; convalescence having rapidly progressed unchecked. Of course, all these efforts upon his part were not made without the assistance of his attendants. From this period up to the present his condition has been one of continued improvement, and he has now apparently regained his former health.

Now, if it were not for the fact that the latter prescription figured prominently and faithfully in the treatment of three cases which I had under care at one and the same time, in the spring of 1878 (and which pursued the "even tenor of their way" for six, eight, and nine weeks, quite unimpressed with my best efforts at medication), I should be inclined to attribute to it the success achieved in the case just related. I failed to detect any particular good that it accomplished in the cases referred to, and hence feel justified in the present case in giving the credit to the lactopeptine, or ingluvin, or both.

But this is simply an individual case in my own individual experience. It must stand the test of collective experience in collective cases, and for this purpose I present it to the profession.

197 *West Wayne Street, Dec.* 15, 1880.

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

A CLINICAL LECTURE DELIVERED APRIL 21st, 1880, BY WILLIAM GOODELL, M.D.,

Professor of Clinical Gynæcology in the University of Pennsylvania.

REPORTED BY WM. H. MORRISON, M.D.

Laceration of the Cervix Uteri.

Gentlemen:—The first patient I shall show you is a woman who comes to be operated on for a stellate laceration of the cervix. By a stellate laceration, we mean one in which there has not been one clean tear, but in which there have been several tears. I have here the letter which she brings from her attending physician. He says that she has complained of uterine troubles since the birth of her first child, six years ago. Shortly after her confinement, diarrhœa set in and continued a year and a half, until she was seven months gone in her second pregnancy. Her last labor was the hardest of the three. After this the diarrhœa returned and has since been controlled with difficulty; returning on any change in the weather and after any extra exertion. She came under the notice of this gentleman when her first child was seventeen days old. During a portion of the time she has been wearing, with some advantage, a ring pessary. Treatment, local and general, has removed all the troubles except those due to the laceration, for which she comes to-day to be operated on. Her physician suggests that, owing to the irritability of the bowels, it would be better to relieve them by the use of an enema instead of by laxatives by the mouth.

Now let me point out the significance of some of these facts. The first labor took place six years ago. The laceration probably occurred at that time. When the cervix is torn in this way, it turns back on itself, just as a piece of celery will curl when it is split. We thus have the mucous lining of the cervix exposed to friction. At every motion she makes, as in walking, the delicate epithelium, which is neither tessellated nor conoidal, but rather spheroidal, is rubbed off. Then, in intercourse with her husband, the male organ impinges upon this raw surface and causes more irritation.

Why was she benefited by the ring pessary? When there is laceration of the cervix, the womb does not undergo involution properly, and so is heavier than normal. The ring pessary, by dilating the vagina, kept the womb up and took the tension off the ligaments. It also, by dilating the vagina, helped to prevent friction.

I shall now have the patient brought in. What is the treatment in the acute form? The difficulty, gentlemen, is in recognizing the acute form. Immediately after labor, the cervix is so soft and limpid, that it is often impossible for even a skilled finger to decide whether or not there is a laceration. Even when it is discovered, I doubt the propriety of passing sutures at this time. I do not believe that it is right to do so unless there is considerable hemorrhage. If

there was much bleeding, I should introduce sutures to stop it; but under other circumstances I should prefer to trust to nature and cleanliness. I believe that in the majority of cases these lacerations will heal spontaneously, if the parts are kept clean. Injections of a two per cent. solution of carbolic acid should be made once or twice daily. It is asking too much of nature to heal a laceration which is all the time lying in a pool of stinking lochia.

This is the pessary that she has been wearing. It is a ring pessary, I think introduced by Dr. Peaslee and made by a firm by the name of Otto, in New York. It consists of strips of whalebone, covered with rubber.

Now, gentlemen, you can see what is very often mistaken for an ulceration, and in one sense it is an ulceration. This is a stellate laceration. There are four different points of laceration, making it a difficult case to operate on. This is what a great many physicians call an ulceration, and try to cure by the treatment for an ulceration. The treatment usually consists in the employment of the solid caustic. This causes cicatricial tissue, which contracting, involves and presses upon the delicate nerve filaments, so that the woman's last end is worse than the first.

The only thing to be done in this case is to restore this denuded mucous membrane to its normal position. For the sake of illustration, let me call your attention to an example of a similar condition. You have seen persons who, as the result of some accident, say a burn, have had the eyelid drawn downward, and there is produced an ectropion. The delicate conjunctiva being exposed to the action of the air, soon becomes irritated, inflamed, and the seat of a discharge. The same condition is present in laceration of the cervix. We have ectropion of the mucous membrane; that is the long and short of it.

Putting in the duck bill speculum and catching the cervix with a tenaculum, I next determine the position of the womb and of the os. It makes the operation much easier when we can draw the womb down, as we do here. The womb is in a state of dextro-lateral flexion. The first thing I shall do will be to unite two of these slits, by taking out a wedge-shaped piece. One difficulty we meet with is due to the friability of the tissue, making it difficult to hold on with the tenaculum.

This operation is one of the most successful in gynæcology. I prefer not to do this operation before the class, for two reasons. First, because the light in this room is so poor, and secondly, because this is an operation requiring slowness of execution, and the tendency here is to hurry too much, particularly as you cannot see much of the operation.

I am going to turn the cervix over to the left side, as I find it more convenient to do so. I remove a wedge-shaped piece of cicatricial tissue here, as it prevents the bringing of the two raw surfaces together. Dr. Emmet was the first to point out the significance of this procedure. I used to be very careful not to get the os too small, but lately I have not been so particular, for I know that if I make it too small, I can easily make it larger by sudden dilatation; but if it is too large I cannot make it smaller, except by a second operation.

These lacerations are exceedingly common sources of trouble. So common, that I operated last week once, and shall operate in the course of the next ten days, including this case, four times. I have been thinking lately a good deal as to the reason why this is so common. I think there are two reasons for it. These so-called improvements in midwifery are, I think, in many cases, disadvantages.

The first reason is, the tendency to rupture the bag of waters too early, and thus remove the soft wedge so useful in the dilatation of the os. After the labor has progressed to a certain extent, it is, no doubt, well to rupture the membranes, but the temptation with the busy practitioner is to rupture them too soon.

The second is the too frequent application of the forceps. They are employed entirely too commonly by men who should not do so; but here again we have the same temptation to hurry. I venture to say that in six cases of forceps application, four of them will be for the sake of the physician. I may be making too strong an assertion, but that is what I think, and I will stick to it.

I find in almost all cases of complete rupture of the peritoneum, that the trouble has been caused by the use of the forceps, and in nearly all of laceration of the cervix, I find that the forceps has been used. The forceps is a noble instrument, and the man who invented it deserves the gratitude of the community, yet at the same time, there is such a thing as an abuse of the instrument.

I have now denuded these surfaces and am ready to pass the wires. I see here a couple of points that need a little more trimming. The greater care you take, the more successful you will be. I have only had one complete failure with this operation. It was in a strong, healthy woman, who was operated on before you, and the only thing to which I could attribute the failure was the hurry on my part. I have had partial failures, but that was the only complete failure I have had.

I have passed a double thread through the needle and tied it; I will fasten the wire to the thread and thus carry it through. I pass the wire in this way for fear that it might tear the tissues if I carried it through in the eye of the needle. I want you to watch Dr. Baer as he cuts this wire. Ninety physicians out of a hundred, that is my favorite illustration, would cut with the point of the scissors; but you see the Dr. cuts with the heel. That is the proper way.

I do not want to intimidate you in regard to the use of the forceps. I say to you, to put them on whenever you feel that there is a necessity for them; whenever you think that the woman requires them. I have told a story here before, but as it bears upon this point I will repeat it. I had a friend, poor fellow, he is dead now, who had a large practice among the poor, but never succeeded in getting into practice among the affluent. Just to show you how noble he was; he had a patient, and probably the only one from whom he expected a fee of fifty dollars for attending her during her confinement. When the mes-

senger came for him to attend this lady, he was at the bedside of a poor woman, from whom he would receive but a small fee. He sent word that he could not leave this woman. They sent a second time, saying that if he did not come immediately he would have to give the case up; but he stayed by the poor woman and lost his rich patient. Well, he used to apply the forceps quite frequently, and when we used to meet, he would tell me how many forceps cases he had had. One day as I was walking on one side of the street, he passed upon the other, and putting his hand to his mouth, called to me "forceps case last night." I asked him what was the reason. He answered "reed birds for supper." He afterwards explained to me, that he had invited some friends to take supper with him, and as he was in a hurry to get home, put the forceps on, to expedite matters.

Now, in the majority of cases, it is "reed birds for supper" that causes the physician to apply the forceps. This is wrong. When you get out into practice you will not have the coolness and experience to apply the forceps. I have seen physicians do things when they were excited over a case that they have been sorry for afterward. A French physician has written an essay on the "Delirium of Operators." A physician gets into a rough case, he loses his presence of mind and does that which he should not. For instance, the physician has been at the bedside of a patient for many hours; he is tired out. He puts the forceps on and commences to pull straight ahead, without giving the parts time to dilate. The damage done is not due to the forceps, nor to the pulling, but to the pulling too quickly, and then, when the head gets to the perineum, not waiting for it to bulge, but turning the head right out.

I have now turned the cervix to the left side, as I find it more convenient to do so, the cervix being small and the laceration stellate. I am now ready to tighten these wires; but here is another secret of success. I do not tighten them up right away, but as I am about to slip down the shot on each one, I open the wound with these spring forceps and inject some carbolized water. The main object in doing this is to remove any little clots of blood. The carbolic acid also destroys any germs which may be present, and thus prevents septicæmia.

What is the after treatment? I shall have her water drawn for four days, because if she gets up to pass it there is danger of the stitches tearing out; and if she passes it in a bed-pan, lying upon her back, there is danger of some of the urine running back into the vagina and getting into the wound. Sometimes I think I am too particular in regard to this point, but I have never yet had the courage to omit it. Six months ago they had a fire at Bellevue Hospital. My friend, Dr. Lusk, had that morning operated on a woman for laceration of the cervix. The fire broke out very suddenly, and the patients had to scramble for their lives. This woman went down three or four flights of stairs into the court yard. I believe it was snowing at the time. When the Doctor came to examine the stitches, he found every one in its place. As the womb is such a movable organ, I am disposed to think that perhaps it would be right to allow the patient to get up to pass her water, but I have never yet tried it. I told you, when I operated on the last case, that I should try this plan, but when I got up to the ward my courage failed me, and I directed her water to be drawn as usual. I am glad I did not try it in that case, for that was the one in which the operation failed, and if I had allowed her to get up I should have attributed the failure to that.

We will give her just enough opium to keep her bowels bound. That will be one grain of the aqueous extract of opium, by the rectum, every night. I always slip a suppository in immediately after the operation. There is very little pain following this operation. The woman usually suffers no more than at an ordinary monthly.

I now show you the result, and you see that this ulceration has entirely disappeared, and that the cervix is turned a little to one side.

I prefer the use of shot to twisting the wire, and I really think that there is some advantage in their use The shot act as little adjusters, and prevent any eversion of the lips of the wound. Dr. Emmet always twists the wire.

I shall remove the sticks on Thursday or Friday of next week. I used to remove them a week after the operation, but I now leave them eight or nine days.

The Diagnosis of Ovarian Tumors.

The next case, gentlemen, that I shall show you is ovarian tumor, but I, of course, do not intend to operate before you. I will tell you why. Many of you are engaged in dissecting, and some of you have just come from the fever wards of Blockley. You come laden with the germs of disease, such germs as will attack so vulnerable a membrane as the peritoneum.

The operation of ovariotomy is one that has taken great strides since the introduction of antiseptic surgery. I wish to-day to impress upon your minds some points in regard to the diagnosis of this disease. We are never positively certain that a cyst is ovarian, but ordinarily we should not make a mistake as to the presence of a cyst.

Let me read you the history of this case. She is a married lady, forty-eight years old. She has been married twenty-six years, and has had eleven children. The youngest is seven years old. Her catamenia ceased just about the time that she noticed the existence of a tumor, which was about Christmas, 1877. It rapidly increased in size until February 22d, 1878, when it was tapped. Just here let me say in regard to tapping, that it is a golden rule never to tap a woman until the interference with her breathing and circulation, from the pressure of the tumor, become so great that she is unable to bear it. This is a good rule, because when you once begin to tap you must keep on, and the intervals have to be shortened. This woman was tapped the second time three weeks after the first. She was tapped again in three weeks. Then every two weeks, and now she has to be tapped every week. She has been tapped, in all, thirty times. Last Friday she was tapped by Dr. Ashhurst, who then sent her to me. I have gone over her

case carefully, and as she will have to be tapped again in a few days, I have decided to remove the tumor on Friday.

Let me now call attention to certain points by which you may distinguish fluid in the abdominal cavity from fluid in a cyst. Some of our best men have made mistakes in the diagnosis of these tumors. There is not an ovariotomist who has not made a mistake. Not long ago an eminent English physician had a case which he had diagnosed as an ovarian tumor, and had appointed the day for operation. On the appointed day he invited a friend of mine to see the woman. The audience had assembled to see the operation. My friend went with him and saw the woman before she was taken into the operating room, and the moment he saw her face he thought it impossible that she could have so serious a disease. He made a vaginal examination, and found that it was a case of pregnancy, with dropsy of the amnion, the os widely dilated, and the child about being born. My friend suggested to the gentleman that he should make an examination. This he did, but pushing his finger in rather rudely, he ruptured the membranes; there was a gush of fluid, and in a short time the child, which in these cases is small, followed. I asked what the operator said about it. My friend said he never alluded to it afterwards. I asked what explanation he made to the audience. He went in and remarked that "there was an east wind blowing to-day, and as the patient was not feeling very well, the operation would be postponed."

Two weeks ago I had a case at the Preston Retreat. The woman said that she was pregnant. I made a careful external examination, and felt certain that it was an ovarian cyst, but a vaginal examination showed it to be a case of dropsy of the amnion.

John Hunter, a most excellent surgeon, tapped a woman for ovarian dropsy; the woman was taken in labor, and the child was born with the mark of the trocar in its shoulder.

The late Washington Atlee, who had performed more operations for the removal of ovarian tumors than any one else in this country, was in the country performing an operation. While at this place a woman came sixty miles to consult him in regard to an enlargement of the abdomen. He diagnosed it as an ovarian tumor, and appointed the day for operation. The woman was taken with labor pains on her way home, and her child was born in the depot that night.

We must always exclude pregnancy. This woman has not seen her monthlies for two years, and she has been tapped thirty times, so we can here easily exclude pregnancy.

Is this fluid in the peritoneal cavity or in a cyst? If it were in the abdomen, free to move, we should expect it to gravitate to the back of the cavity and float the intestines up. We should then have dullness in the flanks, and resonance in front. If it were in a cyst we should look for resonance in each flank over the colon. I will percuss this and see what the effect will be. In the upper part of the abdomen there is resonance, but this is due to the fact that the sack is not distended. A little lower down we have complete flatness. I do not get good resonance in the left flank, but in the right the resonance is marked. There is a source of error here, gentlemen, for we may have with peritoneal dropsy, adhesions of the colon to the abdominal walls; or, again, the effusion may be so large, or the intestines be so bound down by adhesions, that they cannot reach the surface of the liquid, and thus we will have dullness in front. In dropsy of the peritoneum there is flattening of the abdomen, while in ovarian cyst there is a prominence in front. In dropsy of the peritoneum, when we turn the patient over, the fluid gravitates to the dependent part. Looking at the history of the woman, we find that her health had not been failing for some time before she noticed the swelling, as it would have done if this were an effusion into the abdomen, for the causes that give rise to peritoneal dropsy are slow in their action.

I want you to look at this woman's face. See what wear and tear these tumors make. Her face is thin and wasted, and she has dark rings around her eyes. This is due to blood loss, or rather to loss of albumen, through this liquid. Last Friday five gallons of fluid were removed. This must have contained a great deal of albumen. We also have discolorations of the skin, as in pregnancy. There has also been change of color in the hands, and the skin is harsh and dry.

The fact that she has lost her monthlies might lead us to think that both ovaries were diseased. If she were younger, say forty years old, I should think that this was the case; but she is forty-eight years old, and it is time for the menses to cease.

I should like to have some of the fluid from this cyst, that I might examine it under the microscope. There is an ovarian cell, a peculiar cell found in the fluid of an ovarian cyst. It is not found exclusively there. It has been found in small numbers in pleural effusions; but if these cells are found in large amount in a fluid taken from the abdomen, you may rest assured that the fluid comes from an ovarian cyst. I have never known it to fail. I have a case which I had diagnosed as an ovarian cyst, and on which I intended to operate this week. I removed some of the fluid, and from an examination of it thought that it was ovarian. I sent some of it to Dr. Formad, to be examined microscopically, but he could find none of the ovarian cells. I feel certain now that it is not a case of ovarian cyst. It is probably a case of cyst of the broad ligament. So this may be a cyst of the broad ligament, but, anyhow, the operation is the same, and as I feel certain that this is a cyst, I shall not aspirate this tumor again.

When I operate, I shall make an exploratory incision at first, so as to be sure that I have made no mistake. I have thus far escaped any mistake in diagnosis. Her bowels will be moved on Thursday morning. Thursday night she will receive a grain of the aqueous extract of opium. Friday morning she will receive ten grains of quinia, and one grain of aq. extract of opium. She will have a light breakfast and nothing after, and at twelve o'clock I shall operate. Then, for the next forty-eight hours she will receive very

little food, perhaps, a little brandy and water, or a tablespoonful of milk and lime-water every two or three hours. I do this for several reasons; first, to prevent the intestines from having anything to work on; secondly, to prevent nausea from the ether; and thirdly, because the most successful operator, Dr. Diaz, of Edinburgh, keeps the women starved after the operation. He has had the astonishing record of seventy operations without one fatal case.

Last year I had eight cases, with one death, but that was due to no fault of mine. It was a case which had been tapped by a physician and inflammation of the sack set in. The woman had been expected to die before I saw her. When I was called to the case her pulse was 140 and the temperature 103°. She had marked septicæmia. I talked the case over with the attending physician. I said that for the sake of my statistics I did not care to operate, but I thought it was my duty to operate for the sake of the woman. I laid the matter plainly before her, and told her that she might die on the operating table. She was willing to have the operation performed, and said that she knew she had to die, but she would rather die without the tumor. I operated and found pus in the abdominal cavity and adhesion everywhere, from the severe inflammation. When I got through, I did not expect her to live more than a few hours. We gave her hypodermic injections of ether, and she rallied wonderfully, and for two days did very well. Then septicæmia set in, and she died on the fifth or sixth day after the operation.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

REPORT, IN BRIEF, OF THE AURAL DEPARTMENT.

Reported for the MEDICAL AND SURGICAL REPORTER.

For the year ending October 1st, 1880, the whole number of cases of disease of the ear treated at the Aural Department of the Jefferson Medical College Hospital were 1701, out of which number 208 were first consultations. At each first visit a full history is taken, and daily notes are added, so that each case can be referred to and utilized in contributing to aural surgery and reporting otological novelties, testing various forms of treatment, arranging statistics, etc. In all, 49 operations were performed, such as those for traumatisms, the removal of tumors (fibroid, polypoid, sebaceous, etc.), paracentesis of the membrana-tympani (for acute and subacute otitis media), tenotomy of the tensor tympani, perforation of the mastoid process (for abscess), Wilde's post-aural incision (for periostitis), incision for supra- and post-auricular subcutaneous inflammation, removal of foreign bodies from the tympanum and external auditory meatus, etc.

The greatest number of visits were made during the winter months, when acute and subacute ear diseases (principally catarrhal) are so prevalent.

The majority of the whole number of cases treated were of middle-ear (tympanal) disease, and were of the non-purulent form, although there was a large percentage of the chronic purulent variety following scarlatina, measles and dentition, with a few due to syphilis, trauma, diphtheria, typhoid fever and sunstroke.

Of diseases of the internal ear there were, as usual, but few cases, these mostly owing to syphilis, cranial injury, acute, chronic and cerebro-spinal meningitis, typhoid fever, tubercle, concussion, etc. Diseases of the external ear alone, with the exception of eczema of the auricle and meatus, were rare, being, as a rule, symptomatic of existing middle-ear inflammations. Most of the cases of eczema of the external auditory canal were induced by the use of instruments of various kinds, in the hands of patients, for the removal of cerumen, or by the free use of the popular remedy, "old white Castile soap-suds."

Tinnitus aurium, the most annoying of aural symptoms, was noted in 161 of the 208 new cases, and the forms as described by individual patients varied, as did their occupations or walks in life. Noises accompanying external ear diseases were likened to the "singing of the tea-kettle, the roar of the surf, escaping steam," etc. With acute non-purulent middle-ear disease, to "buzzing, roar of the surf, escaping steam, hammering, rushing of water, ringing of bells, ticking, crackling (bubbles in tympanal secretion), drumming," etc. With purulent middle-ear disease, compared to "the escape of steam, singing (as from quininism), hammering, ringing of bells, blowing, raining, rattling (as of machinery), humming, crackling (bubbles in pus), hissing, clock ticking, music," etc. With internal-ear disease, to "steam exhaust, escape of steam, ticking like a watch, bell ringing, rattling of machinery (generally in mill hands), steam-whistle; and there were some cases (fortunately few), in which the noises varied hourly, from "delightful music" to the "babel of an excited mob." Systolic pulsating tinnitus, with and due to the pulsation of a diseased or anæmic heart or the thrill of an aneurism of one or more great vessels (not necessarily of the head), was frequently met with, and was always aggravated when accompanied by any form of middle-ear disease.

Not a few patients were sent from a distance by graduates of the college, and after a most careful examination, were referred, with written details of diagnosis, prognosis and treatment, or else received especial care in the hospital, or while attending the daily service.

In inflation of the middle-ear by the catheter, or Politzer's air douch, *hydrobromic ether* (Wyeth's), as vapor, was found most agreeable, penetrating and beneficial, and hydrobromic acid (Squibb's) (in fifteen-drop doses in sweetened water after meals), acted most satisfactorily in relieving cerebral congestion and accompanying tinnitus.

Should this department, so recently established, be favored with a continuance of the success which has been so gratifying to those in charge, there is reason to hope that it will ere long rank with any other existing aural department, either here or in Europe.

Daily clinics are held from one to two o'clock, and are under the direct charge of Laurence Turnbull, M.D., with Dr. C. S. Turnbull as Chief of the Clinic, and Drs. L. W. Steinbach and M. H. Bochroch as assistants.

Medical Societies.

COLLEGE OF PHYSICIANS, PHILADELPHIA, DECEMBER 1st, 1880.

The session was principally occupied by the reading of a paper, by Dr. Richard A. Cleemann, as Chairman of the Committee on Meteorology and Epidemics, giving the—

Meteorology and Epidemics of Philadelphia in 1879.

He began by stating that the year 1879 was, taken as a whole, warmer than usual, the mean annual temperature having been 53.6° F., nearly one degree above the average (52.7° F.) for eight years (1872–1879); but it was in about the same proportion cooler than the preceding year, for which the mean reading of the thermometer had been 54.7° F.

The range of the thermometer during the year was through ninety nine degrees of temperature, from 3° F. below zero, recorded on January 3d, to 96° F., registered July 16th. This extent of annual variation is not exceptional, but the months individually were marked by greater differences of temperature than is usual; the average range for January is through 50° F., but this year the range was 59° F.; while in October the difference was 55° F., instead of 43° F., and in November 56° F., instead of 46° F. The first autumnal frost was observed on September 26th.

Rain Fall.—During the year 36.75 inches of rain and snow (melted) fell, the year 1879 having been like the two preceding years, deficient in precipitation. The rain or snow fell on 128 days, seven less than the average. The most rain was collected in August, as much as 7.13 inches, while for October only 0.41 inch is recorded.

Dr. Cleemann proceeded :—

The number of deaths recorded at the Health Office, in Philadelphia, during the year 1879, was 15,471. This is exclusive of the "still-born," which numbered in the same period 811, and of deaths following "premature birth," which equaled 190.

The population of Philadelphia in June of the present year (1880) was, according to the figures of the United States census, 846,980 inhabitants.

The mortality of 1879 was distributed unequally between the sexes; 7886 of those who died were males, and 7585 females, the latter sex furnishing, as usual, the lesser number.

The infantile mortality is seen to bear a large proportion to the total number of deaths, especially for the first year of life, and as much as 35.69 per cent. of the whole mortality to have fallen upon children less than five years old. Great as this proportion is, my previous reports show that it is less than it is accustomed to be, as might have been looked for in an exceptionally healthy year.

The 336 deaths from scarlatina constitute a mortality less by 218 than that from the same cause in 1878. The mortality in the latter year, it will be remembered, followed upon a large increase in the number of deaths from the disease in the last quarter of 1877, was on the decline in the third quarter of the year, and rose again in extent at the end of the year, but not to a degree to negative the inference that the disease was really decreasing, and might be expected to cause fewer deaths in 1879.

The record gives 321 deaths from diphtheria, or a mortality about a third less than in the previous year. In that year the deaths from diphtheria in the last quarter exceeded in number those in the first three months of the year, but in 1879 the reverse was the case, there being only 88 deaths in the last quarter to 130 in the first. The difference is important as regards the year 1880, the diminishing mortality indicating, as in the case of scarlatina, a decline in the disease for that year. The intermediate quarters of the year had, according to the invariable rule, a lessened mortality from diphtheria, the second furnishing 37 and the third 46 deaths.

Season made evident its accustomed influence over the mortality from croup, since of the 291 deaths credited to this cause during the year, 121 were recorded in the first quarter, only 30 in the second, with 27 in the third, and as many as 112 in the last quarter of the year. Each of these numbers is less than that for the corresponding period in the previous year, and the whole difference between the annual aggregates of mortality from this disease equals 97, or a falling off in 1879 of twenty-five per cent.

The increase over last year in the number of deaths due to cholera infantum, already referred to, was 104, the whole number of deaths caused by this disease in 1879 having been 804.

Since the year 1876, a steadily declining death rate of typhoid fever has been recorded, till in 1879 the number of deaths laid at the door of this insidious malady, 344, is the lowest in proportion to population, attained during the twenty years of reliable registration in Philadelphia. Indeed, there were only three years during this time in which, among fewer inhabitants, the zymotic claimed a lower mortality, the years 1861, 1871, and 1872.

The deaths from typhoid fever in this year of lightened mortality were divided among the several quarters of the year in a quite unusual way; 97 occurred in the first quarter, 74 in the second, 82 in the third, and 91 in the fourth. Hence the summer maximum, which I have shown in former reports to be a characteristic feature of the mortality from this disease, in Philadelphia, disappeared, overwhelmed by the increased number of deaths accruing to the first and last quarters of the year. The diminished summer mortality coincided with a temperature somewhat lower than usual at this season, joined to an excessive rain fall, and followed upon a very cold January and February; while the comparatively high rate of the last quarter was the accompaniment of an opposite condition of things, exceptionally hot weather in October, with deficient precipitation in this month and November. Though efforts are constantly being made to better the sanitary condition of the city, I cannot discover enough improvement to explain thereby the diminution in the mortality from typhoid fever since the year 1876; I have therefore been led to bring forward, as prominently as I have, the meteorological conditions upon which the fortunate change in recent years and last summer seems to have depended.

One of our fellows, Dr. William Pepper, re-

ported a case of mild but true typhus fever, which was taken into the Philadelphia Hospital in November, 1879, being the first case of that disease brought there for several years; this case was followed by several others which were received into the house. Besides these a few more were reported to the Health Office (unpublished records of the Health Office), but in only one instance, in an obscure part of the city, did death result. The disease, therefore, was not of a severe nature, and had no marked tendency to spread.

A single death from yellow fever was recorded in 1879. The victim was one of the crew of a ship which arrived from Cuba on the last day of the quarantine season (September 30th), and was permitted to come up to the wharf, the fact that a sailor had died on the voyage, of fever, having been suppressed, so that no suspicion of infection of any kind had been entertained. The disease showed itself a day or two after the ship's arrival, but, being mistaken for ordinary malarial fever, the patient was removed to a general hospital, which happened to be in the very heart of the city. Here he manifested undoubted symptoms of yellow fever, and was removed to a special hospital, where he died. Fortunately, the hot season had passed, so that notwithstanding the conditions mentioned which might have been favorable to the extension of the disease, no other cases presented themselves.

Dr. Cleeman closed his report with the presentation of a number of tables, meteorological and statistical.

MEETING OF THE PHILADELPHIA LARYNGOLOGICAL SOCIETY,

Held at the house of Dr. C. Seiler, 1346 Spruce street, Philadelphia, December 17th, 1880.

The President, Dr. J. Solis Cohen, in the chair.

Before organizing, Dr. McCracken exhibited a case of stenosis of the larynx, and Dr. Cohen a case of stenosis of the posterior nares, caused by complete adhesion of the soft palate to the posterior walls of the pharynx.

The meeting was then organized, and Dr. Potsdamer read an interesting paper on a case of goitre, in which he said that the case was one of peculiar interest on account of the peculiar symptoms to which the tumor in the neck gave rise, viz: vague and intermittent pains in the head and over the spleen; a spasmodic cough with an apparently normal larynx; dilatation of the left pupil and a constant flush on the left cheek; also grave derangement of the digestive system. He also stated that peculiar anatomical changes had taken place in the course of the vessels of the neck, both the jugular veins and carotid arteries being very prominent and displaced. The Doctor stated that, in his opinion, the symptoms of the case were due to pressure upon both pneumogastrics and upon the left ganglionic nerves of the neck by the enlarged thyroid gland.

The subject of goitre was then discussed by most of the members present.

Dr. McCracken next gave the history of the case of stenosis of the larynx which had been examined by the members before the meeting, as follows: H. H., aged 12 years, had an attack of acute laryngitis about four months previous, from which he speedily recovered. On September 1st he had a fresh attack, with cough, yellow expectoration, loss of strength and flesh. He became hoarse about November 1st, and a week from that time his respiration became stridulous. An examination of his chest revealed evidences of consolidation at the apex of the right lung. Family history good. A laryngoscopic examination revealed the following conditions: the epiglottis was split in the middle to about one-half of its entire length (evidently a congenital malformation) but appeared otherwise healthy; both ary-epiglottic folds, together with the arytenoid cartilages, were greatly tumefied; the vocal cords were red, glistening and greatly changed in outline; the right cord protruded considerably beyond the median line at its anterior half, while the left one presented an excavation in its edge, opposite the protuberance of the right cord; the left cord presented also a V-shaped notch in its edge near the middle. There was no evidence of any adhesion between the cords, and the stenosis was due to the swelling only. The patient had considerably improved under appropriate treatment. This and similar cases were discussed by several of the members.

Dr. Cohen then stated that the case of stenosis of the posterior nares, which had been examined by the members, was one in which the loss of the uvula and the complete agglutination of the soft palate to the wall of the pharynx was due to inherited syphilis, and that an operation was contemplated to relieve the stenosis, which seemed to be the only inconvenience the patient complained of. The voice and articulation were normal, with the exception of the letters "m and n," which the patient could not pronounce. In the discussion which followed, Dr. Seiler showed some drawings made from a case similar to the one exhibited by Dr. Cohen. In this case there was not a complete stenosis of the posterior nares, but a communication existed between the nasal and oral cavities in a small orifice on the left side. A curious feature in the case was the destruction of the right side of the epiglottis down to the glosso-epiglottic folds and of the ary-epiglottic fold, together with the top of the arytenoid cartilage on the same side, due to congenital syphilis. In this case the voice as well as deglutition were normal, but articulation very nasal, on account of the continuous communication between the oral and nasal cavities.

C. SEILER, *Secretary.*

The Oral Method for Deaf-Mutes.

The International Congress on the Education of the Deaf, held at Milan in September last, declared that, considering the incontestable superiority of speech over signs in restoring the deaf-mute to society, and in giving him a more perfect knowledge of language, the oral method ought to be preferred to that of signs for the education and instruction of the deaf and dumb. The Congress further declared that, considering that the simultaneous use of speech and signs affects, prejudicially, speech, lip-reading, and precision of ideas, the pure oral method ought to be preferred.

EDITORIAL DEPARTMENT.

PERISCOPE.

Treatment of Ulcers.

In a report of work in the Cardiff Infirmary (*Lancet*, November 13th) Dr. A. Sheen, says—The usual treatment of ulcerated legs has been rest in bed on an inclined board, cleanliness, bandaging, in some cases strapping, and various local applications, according to circumstances—carbolic oil, lotio rubra, boracic ointment, zinc ointment, etc. One is well repaid by directing a little attention to these local applications; indeed in this, and in other directions of treatment, we are far too apt, from the cases being so common and so numerous, to lapse into a system of careless routine, which is anything but beneficial to the patient. Carbolic oil is a useful early application in some cases, but it must be borne in mind that it delays cicatrization, and when it has served its purpose, some other application, as lotio rubra, which is most useful in aiding granulation and cicatrization, should be resorted to. Boracic ointment is a valuable application in some cases, and acts admirably as a deodorizer of foul discharges, or rather as a preventer of their becoming foul. I have not yet treated ulcers on Lister's antiseptic method, but intend doing so; Martin's elastic bandage has been chiefly of value in the varicose variety; in such cases it answers admirably. Where there has been any constitutional dyscrasia, obvious or suspected, internal treatment has been adopted to aid the cure. If eczema is present, arsenic has been given with advantage; and so also opium, where pain is a dominant symptom. When the ulcer is specific iodide of potassium acts often like magic, and where there is any suspicion of such connection it is wise to give it, to aid the diagnosis. In some cases it clears up matters wonderfully. I have known cases which after being under various kinds of treatment for a lengthened period. have healed up in a week or two, under iodide of potassium and simple dressing. On the healing of varicose and some other ulcers, if you have an intelligent patient to deal with, I strongly approve of an elastic stocking being worn, but it should be adapted before the patient leaves the hospital, to ensure its fitting properly, and he should be cautioned about its proper use. In almost all cases, under rest, good and regular diet, and the avoidance of all irritating applications to the ulcer (which, as a rule, have been pretty freely applied before the patient's admission), rapid improvement is observed. In some cases of indolent ulcer, blistering has been followed by beneficial results. The application of a splint has sometimes been of value by keeping the parts at rest. and one obstinate case, where the ulcer was situated at the lower part of the back of the leg, was cured by relaxing the tendo-Achillis by means of a slipper, and a strap extending from it to above the knee. The practice of skin grafting has been adopted in suitable cases, and the results in some of them have been everything that one could desire. The heel case was chronic and extensive, the result of injury a long time previously. The patient had been unable to work for five or six years, and craved to have the foot removed. Amputation in the lower third of the leg, taking a long anterior flap, was performed antiseptically, catgut ligatures and sutures being used; the stump was dressed four times; the temperature was normal throughout, and in eighteen days the patient was up, being discharged with an admirable stump ten days later. One case of scrofulous ulceration of the face was attacked by erysipelas, and this case showed the value of aconite in small and frequently repeated doses in this disease, for, under its use, in two days the temperature was normal. Nitrate of silver, four grains to the drachm, was applied, to see if it would stop the erysipelas from spreading. It did not have this effect, neither did I expect that it would. Aconite in small and frequently repeated doses, as advised by Ringer, will, as a rule, in such cases, meet all the indications, without any other treatment, general or local.

Chloral in After-pains.

The following case is reported by Dr. Julia Carpenter. She says: I remained with the patient three hours after the birth of the child. During this time there were some after pains, which toward the last were severe enough to require relief, so the following was prescribed:—

℞. Morphiæ sulphat., gr.ss
Aquæ camphoræ, ℥j.

SIG.—Teaspoonful every half hour, if needed, until three doses are taken.

Called again at eight o'clock P.M. Patient had had severe pains every fifteen minutes, but at that time they seemed to be getting under control. At one o'clock at night they came for me, saying the paroxysms were so violent they were alarmed; all the medicine had been taken and still no relief was afforded.

Knowing that the good recovery of this patient depended on the amount of nourishment she could take, no more remedies were given per os. Suppositories of one grain of opium were substituted, and flannels wrung out of hot water were constantly employed, a fresh one with every pain. This would always check a pain, but not prevent its recurrence. I remained with the patient until nine o'clock in the morning, when she seemed to be gradually getting relief. On returning at three o'clock, I found, though four suppositories in all had been used, and hot flannel constantly applied, the pains had returned with great violence.

I now concluded to try the efficacy of a small dose of chloral, without the patient's knowledge, as she had asked not to have it given her, and by enema, eight grains of chloral, in half an ounce of glycerine and water, were taken. The relief was *instantaneous*. "Oh! I'm so comfort-

able," was her immediate expression. Not one more pain returned, and the following night was spent in sound and refreshing sleep.

During the hours of severest contractions the flow ceased almost entirely, and no clots passed at any time. Twenty-four hours after the birth of the child the uterus was more than half way below the umbilicus, and subsequent to the relaxation from the chloral, there was a barely appreciable increase in size. The patient made an excellent recovery.

A Case of Poisoning with Ergot.

Dr. M. F. Leary reports this case, which is of interest, as some claim ergot is not a poison. It is from the New Orleans *Medical Journal*, December:—

November 12th, at an early hour in the morning, I was summoned to Mrs. W., and found that she had aborted, an hour previous, a three months' fœtus, with but an inconsiderable hemorrhage. The membranes had come away, the external os was patulous, but the uterus quite firmly contracted. The lady had borne two children to full term, and this was her first abortion. She had been in poor health for a year, dating from an attack of acute rheumatism. As there was still some flowing, I administered a small dose of ergot, and after remaining an hour left her to attend another call, her pulse and general condition being perfectly satisfactory. While at the house I prepared a soporific and left it with her husband, with directions for its use, and later I discovered that I had forgotten my case vial containing ergot, but being pressed for time did not return for it. Two hours after leaving Mrs. W., I was again summoned to her bedside, to find her pulseless, her skin blanched and the extremities cold. The action of the heart was very feeble and rapid, the breathing slow, but not labored. She complained of a buzzing sound, very distressing, in her ears, and appeared somewhat stupid, but otherwise her mind was not affected. There was no nausea or tendency to syncope when in a recumbent position. An examination revealed the fact that there had been no flowing during my absence. The entire uterus was firmly contracted, and was the seat of considerable pain. On inquiry I learned that the husband had mistaken my ergot vial for the one containing the soporific, and had given his wife teaspoonful doses of its contents every half hour till it was empty. She had, therefore, taken half an ounce of Squibb's extract of ergot. He stated that her pains (of which she was quite free when I left her) came on shortly after taking the first dose, and that each succeeding dose seemed but to aggravate them; that the symptoms of collapse set in very suddenly after the last dose, some twenty minutes before my arrival, that she had taken nothing else, with the exception of water, and had not moved from the position in which I left her. I was fully convinced that her condition was produced solely by the ergot, and this conviction was strengthened by noting its powerful action on the uterus. Satisfied that the ergot had "done its worst," I assured her friends of her safety, and employed only frictions and heat to the extremities and small quantities of wine per orem, at intervals. In the course of three hours there was a sensible pulse at the wrist, but it was fully nine hours before it had recovered its volume previous to taking the ergot. The reaction was attended with a slight fever, but no other unpleasant consequences resulted, and she had a rapid getting up.

Treatment of Aural Polypi.

The Glasgow *Medical Journal* states that Professor Politzer recommends rectified spirit of wine as the best remedy for polypus or granular growths in the outer or middle ear, as more certain in action, and involving fewer disadvantages than solutions of acetate of lead, muriate of iron, &c., so commonly used. The ear must first be cleared of secretion by injection with lukewarm water; if there be suppuration of the middle ear the Eustachian tube must be inflated, to drive the pus into the external meatus. The parts should then be carefully dried. The head is then to be turned over to one side, and a teaspoonful of slightly warmed spirit poured into the ear, where it is to be allowed to remain ten to fifteen minutes. This is done three times daily. The spirit produces a slight burning sensation in the ear; if acute pain be excited, weaker solutions must at first be used, then the stronger preparation. The alcohol first whitens the granulations by coagulating the mucus which lies on the surface; it subsequently penetrates the tissues, produces coagulation in the vessels, and so leads to the shrinking of the new formations. The time occupied by the treatment varies from a few days to several weeks, occasionally months. The soft, round-cell polypi yield most rapidly, the firm, fibrous kind more slowly; nevertheless, many, even of the latter variety, disappear completely, and leave no trace behind. Politzer has used alcohol in the above way for two years, and gives the following as the conditions in which it will be found most useful:—

1. In the treatment of the remains of polypi, which cannot be removed by operative means, and which are situated in the outer auditory meatus, on the membrana tympani, or more particularly in the tympanic cavity.

2. In cases of multiple granulations in the external ear, and on the membrana tympani.

3. In cases of diffuse hypertrophy of the mucous membrane of the middle ear.

5. In cases in which the removal of the growths by instruments is prevented by mechanical obstacles in the external meatus.

5. In the treatment of children and nervous patients, in whom an operation could be undertaken only with the aid of anæsthetics.

6. In otitis mycosa.

New Theory as to the Pathological Changes in the Blood in Acute Rheumatism.

At a meeting of the Cambridge Medical Society, reported in the *Lancet*, November 13th, Professor Latham advanced a new theory as to the pathology of acute rheumatism. He maintained that the first step was a lowering of the action of the "inhibitory chemical centre," or

nervous centre, which controls oxidation in the muscular tissue. Following upon this, the oxygen from the oxyhæmoglobin, instead of entering the muscular tissue to be exhaled therefrom in the form of carbonic acid gas, had its sojourn in the tissue shortened, and passed into the blood in the form of lactic acid (a substance which appears in muscle almost instantaneously with its death); that the oxygen acted also more energetically on the muscular tissue, and the resulting lactic acid being oxidized rapidly in the blood, instead of in the muscular tissue, an abnormal amount of heat or pyrexia was developed.

He then argued that quinia lowered temperature by simply impeding the carrying of ozone from the lungs to the tissues by the red blood corpuscles, as in Binz's experiments with ozonized turpentine and guaiacum; and so the remedy might act beneficially in rheumatism, but would have no effect on the *materies morbi*. Salicylic acid, on the other hand, lowered the temperature and cured the disease by chemically combining with the substances from which the lactic acid is derived, and producing less heat than would result from the oxidation of that substance. He showed how the theory advanced explained the relapses which so often recur after apparent cure with salicylic acid, the necessity for large doses of the remedy, and the reason why it should be less curative in other pyrexial disorders, such as pneumonia, typhoid fever, etc. Referring to locomotor ataxy as an example, he suggested that possibly the local symptoms might be the result of the lactic acid acting upon the posterior columns of the spinal cord, producing functional change; and, in reply to a question in the discussion afterwards as to the connection between rheumatism and chorea, considered that this disorder was the result of the lactic acid inducing functional change in the nervous centre which co-ördinates muscular movement, that centre being weak, and therefore a point of minimum energy, and this condition being hereditary or acquired. He also applied his theory to explain why the same cause (cold), which in one person appears to produce acute rheumatism, in others produces pneumonia, tonsillitis, etc.

Epileptiform Convulsions Successfully Treated by Hypodermic Injections of Sulphate of Atropia.

Dr Thomas Legare, of Charleston, S. C., sends us a report of several cases of this kind, one of which we quote:—

I was called in consultation, while practicing in the town of Orangeburg, S. C., to visit G. B., a man in the prime of life, aged thirty-five years, tall, well-developed, and of a seeming robust constitution. He was in a most critical condition, having had paroxysm after paroxysm of the most violent epileptiform convulsions for the preceding three days, numbering, approximatively, thirty to forty in the twenty-four hours. History of case as follows: Patient always enjoyed good health; a short time previous to his recent illness he became involved in a difficulty, and received a blow across the left supra-orbital ridge, cutting the skin to the bone; for four or five weeks he suffered from the effects of this injury, when the wound healed, leaving a very perceptible cicatrix over the left eyebrow. Shortly after the wound had cicatrized severe epileptiform convulsions developed. On our first visit to the patient, three days subsequent to his having received medical attention, we found him laboring under a severe convulsion. Upon inquiring into the treatment that had been pursued, learned that very nearly every remedy recommended in this disease had been used, the patient not having received the slightest benefit; bromides in large doses had been given; belladonna, combined with hyoscyamus, nitrite of amyl, and chloroform inhalations, blisters, cathartics, and the sulphate of quinine in sedative doses, all had failed, leaving the patient more and more exhausted. It was at this period of the treatment that we determined to use an agent which would be at once prompt and efficient in its action—the sulphate of atropia; it was therefore administered, one-twenty-fourth of a grain in ten minims of water being injected under the skin of the forehead. In a few seconds the effects of the injection were very apparent; patient complained of thirst, dryness of throat, and an uncomfortable feeling about the head; pupils of the eyes at the same time were widely dilated; in a short while, all these disagreeable sensations passed off; and on our next visit we found the patient considerably improved, having passed twenty-four hours without the occurrence of a single convulsion. The attending physician being called away, I continued the treatment. Another injection of the same strength was administered, and upon visiting him twelve hours afterward no return of the convulsions had occurred; continued injections twice a day, morning and evening, for three days. The attending physician returning, we then decreased the dose to one-thirtieth of a grain; patient had a slight convulsive seizure same evening, the first he had had since the commencement of the injections; persevered with the injections twice a day, for two weeks, at the end of which time there being no return of the convulsions, and patient expressing himself well and desirous of going to work, treatment was discontinued, and the case discharged—cured.

The True Mechanical Theory of the Forceps.

Prof. Stephenson, of the University of Aberdeen, read a paper, lately, before the Obstetrical Society of London, on the rotatory action of the forceps. He stated his opinion that recent modifications in forceps showed that the inventive faculty still moved in the grooves of the older and more imperfect ideas. The sole idea was how may we, with the head tight in the grip of the blades, draw with greater accuracy in a given straight line. What really is wanted is an improved form of the instrument which will enable us to impart more readily the rotary movements which we observe in nature. The division of the traction from the prehensile blades weakens the transmission of information by the handles to the hand of the operator; in his muscular and tactile sense should reside the true "indicating needle." The claim made for Tarnier's forceps, that they

allow freer movement of the head in all directions, is no more true than applies to the ordinary instruments, if the operator attends to the directions, which they supply. The opponents of the pendulum movement with forceps occupy good ground when they show it is contrary to the normal mechanism and a fortuitious and risky mode of action; but they go too far when they include in their condemnation all so-called lever actions. The true defence of the lever action is to throw out all that is hap-hazard, and give it scientific precision. The term "lever action" is objectionable, "rotary action" is preferable. The forces of labor cannot be reduced to a single resultant, but always consist of a resultant and a couple, the former moving the head inward the latter imparting some movement of rotation. With forceps we have the power of producing both movements; and as in nature they are always combined, so in art they should never be entirely separated. With the inward traction made in the axis of the pelvis must always be combined such a movement of the instrument as will tend to impart to the head the rotary movement, which observation teaches us takes place at that particular stage of mechanism. 1. Flexion and extension. With the head in the firm grasp of the forceps, especially if screwed up, there is a tendency to bring down both ends of the head through an equal space, and so prevent due flexion from taking place. But, on the other hand, if the blades are applied with a diagonal grasp, the compressing power of the forceps may be made to promote flexion. But flexion or extension must chiefly be promoted by a modification of the rule of traction, which might be thus stated: While the force should always be exerted with strict reference to the direction of the axis of the pelvis, the line of traction should be in a slightly curved direction, the curve passing out of the line of the axis in a direction corresponding to that of the sagittal suture toward the side where the forehead lies for flexion, to the side on which the occiput is for extension. 2. The rotation of the occiput forward might also be promoted by rotating the forceps on their axis, and bringing the handles slightly toward the side on which the occiput lies. The grasp must be light, so as to permit gliding between the blades. 3. As the head passes under the pubic arch the rule should be that while carrying the handles forward toward the front of the mother, a carefully applied slight rotatory action should be imparted to the forceps, so as to facilitate the change of the sagittal suture from lying oblique to approach near to that of the mesial line. Rotation in narrowed pelves. The application of forceps tends to rotate the head from a transverse to an oblique diameter, and the frontal bone is liable to be thereby thrown on to the promontory. Hence the following rule: When the occipital bone has descended below the level of the brain, and is felt directed against the anterior wall of the pelvis, in order to clear the forehead and prevent injury of the frontal bone the head should be rotated on a vertical axis, so as to throw the frontal bone off the promontory, and at the same time slight extension should be given to the head to bring the fore part down at the side of the pelvis.

Eucalyptus Oil in Antiseptic Dressings.

Dr. Siegen writes very favorably (in *Deutsche Med. Wochenschr.*, 1880, No. 30), of oil of eucalyptus as an antiseptic, its special advantage being that it shows no tendency to cause eczema or to irritate the skin in any way. The solution employed by Siegen was made by dissolving 3 grams of the oil in 15 grams of alcohol, and adding 150 grams of water; this quantity is enough to moisten thoroughly one meter of well-washed gauze. The dressing is applied wet, and covered with gutta percha tissue; it may remain without changing for 3–5 days. It is noted that in one case an eczematous eruption, which had been caused by a thymol dressing, healed under the eucalyptus dressing in a few days.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——In a reprint sent us, Dr. S. Theobald, of Baltimore, mentions some of the errors in the diagnosis of eye diseases into which general practitioners are most apt to fall. Probably the most common is the confounding of catarrhal with phlyctenular or scrofulous ophthalmia, and as a consequence the use of astringents when atropia and yellow oxide of mercury are indicated, and, latterly, of atropia when astringents should be employed. The best way to avoid this mistake, which may lead to serious consequences, is to bear in mind that in catarrhal ophthalmia the cornea is not involved, the redness is diffuse, and there is but little photophobia or lachrymation; whereas in scrofulous inflammation the cornea is involved more often than not, there is usually great photophobia and lachrymation, and the redness, if not literally circumscribed, is at least more pronounced in the neighborhood of the phlyctenulæ.

——A well-prepared article on the pathology and treatment of Epulis, by Dr. N. Sann, of Milwaukee, appears as a reprint from the *Dental Cosmos*. He is of opinion that thorough extirpation by excision is the only safe procedure.

——Dr. Clifton E. Wing, of Boston, in a pamphlet sent us, attacks the "abdominal method" of singing and breathing, and accuses it of being a frequent cause of female weakness. He observes:—

That serious uterine troubles should be caused in this way will not, therefore, surprise physicians once informed of this method and the manner in which it is practiced at the present time. I am assured by good authority that one Boston teacher boasts that by "*proper practice*" such power may be acquired that if the person be-

placed back against the wall and a full-sized piano be moved up against the retracted abdomen, the latter, by the "abdominal method," can be so forcibly expanded that the piano will be pushed rapidly away. A medical education is hardly necessary to enable a person to understand that by such procedures injurious pressure must come upon the internal organs, especially in the female.

——In a reprint from the *Archives of Laryngology*, Dr. Beverly Robinson emphasizes the therapeutic value of rest in the treatment of laryngeal diseases. He concludes his observations with this expression:—

Whenever and wherever we are called upon to treat laryngeal troubles, let us bear in mind that the production of physiological rest is the curative principle upon which most of the good effects attributable to other means—medicinal, surgical, hygienic—in the main depend, and we shall then be willing to give to it its genuine value.

——Part VIII of Dr. Duhring's Atlas of Skin Diseases has appeared. It contains illustrations of eczema, psoriasis, syphiloderma and tinea. The plates are finished with the great care which has characterized them all. We repeat what we have previously said of the very high character of this atlas. Nothing that has been heretofore produced in this country equals it. Both dermatologists and general practitioners who wish such a publication cannot fail to be satisfied with it.

BOOK NOTICES.

Differential Diagnosis: A Manual of the Comparative Semeiology of the more important Diseases. By F. DeHavilland Hall, M.D., assistant physician to the Westminster Hospital, London. Second American edition, with extensive additions. Edited by Frank Woodbury, M.D., etc., Philadelphia. D. G. Brinton, 115 South 7th St., Philadelphia, 1881. 1 vol. cloth, 8vo., pp. 223. Price, $2.00.

The work of Dr. Hall has met with a very appreciative reception in America. Prepared at first with the intention of presenting in the clearest, most unmistakable form the differential diagnosis of thoracic diseases, and afterwards extended to all the more important maladies, it found both in England and the United States a ready market. It was of that character that, when one would buy it, he would recommend it to a friend; when one would pick it up in a neighbor's office, he would want a copy for himself. Hence, its distribution was rather through its merits, than the effect of the advertising it received.

For nearly a year it has been out of print in this country. The present edition has been thoroughly and ably revised by Dr. Frank Woodbury, whose literary skill and qualifications for the task we need not dwell upon, as they are well known from his edition of Farquharson's Therapeutics and numerous original contributions to professional literature.

There have been considerable additions made to the former edition, and in many places the text has been completely re-written. The chapter on the nervous system—that part of our organization about which we know so little and write so much—is almost altogether new. It fully and clearly represents the most recent views, so far as the differential diagnosis of the diseases of these obscure tissues and functions is known.

To those who are not acquainted with the character of Dr. Hall's work, we may say that its special field, as indicated by the title, is *differential* diagnosis; it aims to set forth, first, the general comparative signs and symptoms of disease, laying special stress on the *pathognomonic* symptoms; secondly, the early and often overlooked symptoms, but such as, if closely scanned, will often justify a diagnosis; and thirdly, the *peculiar features* which diseases assume in the United States. The last is, of course, the work of the American editor.

In following out this scheme the tabular method has been freely made use of; not to the exclusion of ordinary text, by any means, but only where a natural contrast exists, and in order to bring this more clearly and directly to the mind of the reader. This method, thus employed, has all the advantages of a chart or map, speaking to the eye as well as to the mind, and enabling the reader, at the least possible expenditure of time and labor, to refresh his memory as to the characteristic differences of diseases simulating each other.

The classification of diseases adopted is that now generally preferred, being based, with few alterations, on the nosology recommended by the London College of Physicians some years ago.

The paper, printing and binding of the book are of good character, durable and neat, and the price at which it is put is lower than most works of its size.

Transactions of the Medical Society of the State of West Virginia. Wheeling, 1880.

Transactions of the Medical Society of the State of North Carolina, 1880.

The volume from West Virginia gives the Minutes of the 13th annual meeting of the Society, and adds the papers read before it. The latter

embrace a report of a case of ovarian tumor, by Dr. B. W. Allen; on the treatment of typhoid fever, by Dr. A. H. Kunst; on the operation for vesico-vaginal fistula, by Dr. H. N. Mackey; on the relations of meteorology and disease, by Dr. E. A. Hildreth; and surgical cases and epidemics, by Dr. John Frissell. The last mentioned paper has unusual historical interest, as Dr. Frissell speaks from personal observation, extending over nearly half a century, in his locality (Wheeling). He adds some suggestive reflections on the etiology of epidemics, as, for instance, he says:—

Dysentery has, I think, occurred most often in limestone districts, where the water is strongly impregnated with lime; it has most prevailed in these localities in *very dry seasons*, when, as we may suppose, the proportional amount of the calcareous ingredient of the water would be increased. The limestone regions and the lime water are also favorable to the formation of stone in the bladder.

There is less original matter in the North Carolina volume. The papers read before the meeting were mostly summaries and reports of progress. It may be a question whether this kind of work merits publication in a volume of transactions, however meritorious it may be in itself. The collection of extracts from journals and books should rather remain with medical periodical literature. The original articles in the volume before us are, one on pelvic cellulitis, by Dr. Thomas J. Moore, who goes quite thoroughly into the disease, but rather from authorities than from personal observations; on quarantine, by Dr. E. A. Anderson; and on hip-joint disease, by Dr. J. D. Roberts, who is principally occupied in presenting the merits of Sayre's hip-joint instrument. In fact, we say with regret, that there is not a single article based on personal investigation in the volume. Why do not medical writers and essayists learn that a single, ordinary case of disease, thoughtfully studied and accurately reported, is of more value to the reader or hearer, than fifty pages of culling from the library shelves, no matter how thoroughly the latter is done? This criticism is not, by any means, applicable solely to the volume before us. It is no more censurable in this respect than are many, nay, most others of its class; it has only been taken as an example, and we could wish, as an example to be avoided in future.

Ringworm, its Diagnosis and Treatment. By Alder Smith, M.B., London. Phila., Presley Blakiston. 12mo., cloth, pp. 81. Price $1.00.

Tinea is a notoriously troublesome disease to deal with, hard to drive away and harder to keep away. Hence, we believe many will be glad to read this monograph, written by a competent dermatologist, who for ten years has given a great deal of special study to the disease. He speaks of it both as it occurs on the head and on the body. The last chapter, "Ringworm in Schools," will be to many worth getting the book for. We would say of the monograph, that it is sound, instructive and altogether satisfactory.

Manual of Ophthalmoscopy. For the use of Students. By Dr. Daguenet. Translated by C. F. Jeaffreson, F.R.C.S.E. Phila., Presley Blakiston. 1 vol., cloth, 12mo, pp. 243. Price $1.00.

This is a condensed epitome of the lectures of Prof. Galezowski, by one of his students. The writer has made a special effort to bring prominently forward the functional symptoms of ocular disease, as they are often sufficient in themselves to establish a probable diagnosis. Hence, less attention has been given to the strictly mechanical examination of the eye and its methods. Nevertheless, several chapters are devoted to ophthalmoscopy, sufficient to give the student a fair notion of the instrument and its uses. Most of the remaining chapters take up affections of particular portions of the organ, the optic nerve, the retina, the vitreous body, etc. The language is terse and clear, and the translation well made.

Drainage for Health; or, Easy Lessons in Sanitary Science. By Joseph Wilson, M.D., Med. Director U. S. Navy. Phila., Presley Blakiston. 1 vol., 8vo, pp. 68. Illustrated. Price, cloth, $1.00.

Dr. Wilson is favorably known as one of the leading American writers on hygiene and public health. In the present short treatise he groups together a number of the most definite and generally interesting facts, principally with a view to instructing the public, especially sanitary engineers, legislators, etc., though there is much in it most medical men could profitably read.

There are four chapters; one on land drainage a second on drainage of the farm-house and the village, a third on the drainage of cities, and a fourth, entitled "Something About Plumbing." The illustrations are numerous, and the book well printed. It deserves considerable popularity, as, no matter how much has been written on these topics of general sanitation, there is an astonishing amount of ignorance prevalent about them.

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ADOLPHE GUBLER AND HIS SYSTEM OF THERAPEUTICS.

Among the losses by death to the science of medicine, few have been greater than that of ADOLPHE GUBLER, Professor of Therapeutics in the Faculty of Medicine of Paris, and Physician to the Hospital Beaujon. He died comparatively young, but had lived long enough to make a brilliant record as an observer and teacher of his branch.

GUBLER may be said to have been the most distinguished exponent of scientific therapeutics—in the best sense of the term—of this generation. Following TROUSSEAU in the professorial chair, and a pupil of that great teacher, he took a long step in advance of his master, and may be said to have developed the only method of therapeutics which reconciles the empirical and clinical art of medicine with the demands of exact and logical science. His labors created a new epoch in professional practice in France, and in all other countries where they have become known have made a profound impression on the professional mind.

He was not a very abundant writer, but what he did write was carefully worded and full of matter. His last course of lectures were reported phonographically, and having been closely revised, were published last summer in Paris.

In this work he may justly be said to present the therapeutics of modern science. He begins by almost scornfully denying that this branch is any longer an "art of healing;" it is a true science, with its own principles, methods and procedures, common to it and to physiology, of which latter it is one of the divisions. Instruments of precision and a rigorous experimental reasoning are its main aids. Remedies are no longer confined to medicaments or drugs; these are but a part of the resources at the command of the scientific therapeutist.

He sets little importance on classifications. Reviewing them one after another, he finds them all defective, the physiological plan, which he himself once adopted, as bad as any. On the vexed question of the actions of medicines he is, as always, perfectly clear. They are threefold, mechanical action, chemical action, and dynamic action, or that which leads to molecular change. There is no room for specifics, in the ordinary sense, and every medical effect is explicable by natural laws of the organism on the one hand, and of the remedy on the other. But no organism is endowed with special privileges toward a therapeutic agent. What is called *idiosyncrasy* is as much a delusion as is the entity of a disease. Every such is reducible to the influence of age, sex, habit, climate, race, heredity, and other familiar elements.

GUBLER, therefore, rejects all attempts at classifying remedies, and proceeds to consider them according to their methods of introduction into the system, as by the stomach, bladder, lungs, skin, etc.; and follows them in their transformations in the organism. With the noble candor of true science he points out where knowledge ceases and ignorance begins; but his faith in progress is unshaken; and he closes his last lecture with these words to his hearers: "Various manifestations remain which cannot yet be explained; but the science of to-day is not that

of to-morrow. My science is not yours, and you will learn to understand these phenomena in a future more or less distant."

Among GUBLER'S students and hearers were many members of the American profession. They remember well his earnest words and lucid expositions; and we believe they and many beside them will learn with pleasure that this, his last and finished, course of therapeutics has been translated, and will shortly appear. It will be published at the office of this journal, and will appear some time in February.

ANNUAL REPORT OF THE SURGEON GENERAL.

The report of the Surgeon General begins with the usual financial statistics. A statement of the work performed in the Record and Pension Division shows how enormous is the business in that office, not less than 39,241 new official demands for information having been made upon it in the year ending June 30, 1880.

The work on the surgical statistics of the war still goes on.

Through correspondence with medical officers of the civil war, from reports of pension examiners, and from surgical journals and publications, additional data were obtained in three thousand eight hundred and eight cases of injuries. Searches among the records of the Pension Office and of the Record and Pension Division of this Office gave further information in one thousand seven hundred and twenty-seven and two thousand and eighty-one cases respectively.

The work upon the Index Catalogue has been steadily carried on, and the stereotype plates of Volume I were completed in the month of July, 1880.

An edition of fifteen hundred copies of this volume has been printed and distributed, and the first part of Volume II is just going to the press.

An estimate has been forwarded for printing Volumes III and IV of the Catalogue, and it is hoped that this may be granted, in order that the progress of the work may not be interrupted.

A strong appeal is made for an appropriation for a new fire-proof building for the army medical museum and library, which we hope will not fail to receive the prompt attention it so obviously merits.

In conclusion, we give, as of general interest, the main statistics of the health of the army during the fiscal year ending June 30, 1880:—

The Monthly Reports of Sick and Wounded received up to September 15th represent an average mean strength of 22,100 white, and 2368 colored, troops.

Among the *white troops* the total number of cases of all kinds reported as taken on the sick list was 39,111, being at the rate of 1770 per thousand of mean strength.

Of this number, 33,562, or 1519 per thousand of strength, were taken on sick report for disease, and 5549, or 251 per thousand of strength, for wounds, accidents, and injuries of all kinds.

The average number constantly on sick report during the year was 986, or 45 per thousand of mean strength. Of these, 767, or 35 per thousand of strength, were constantly under treatment for disease, and 219, or 10 per thousand of strength, for wounds, accidents, and injuries.

The total number of deaths from all causes reported among the white troops was 219, or 10 per thousand of mean strength. Of these, 126 or 6 per thousand of strength, died of disease, and 93, or 4 per thousand of strength, of wounds, accidents and injuries.

The proportion of deaths from all causes to cases treated was one to 179.

Among the *colored troops* the total number of cases of all kinds reported was 4052, or 1711 per thousand of mean strength. Of these, 3581, or 1512 per thousand of strength, were cases of disease, and 471, or 199 per thousand of strength, were wounds, accidents and injuries.

The average number constantly on sick report was 89, or 37 per thousand of strength; of whom 72, or 30 per thousand of strength, were under treatment for disease, and 17, or 7 per thousand of strength, for wounds, accidents and injuries.

The total number of deaths of colored soldiers reported from all causes was 46, or 19 per thou-

sand of mean strength. Of these, 21, or 9 per thousand of strength, died of disease, and 25, or 10 per thousand of strength, of wounds, accidents and injuries.

The proportion of deaths from all causes to cases treated was 1 to 88.

Notes and Comments.

Curious Physiological Experiment.

A curious fact, and which may prove of considerable importance, was related by Dr. Brown-Séquard at a recent meeting of the Société de Biologie. Intending to kill a guinea-pig, the subject of previous experiment, the animal was placed under a glass globe with a certain quantity of ether. Anæsthesia progressing but slowly, some chloroform was poured on a sponge, which was inserted in the summit of the globe in such a position that some drops fell between the guinea-pig's neck and shoulder—that is to say, upon the epileptogenic region, when an attack of epilepsy immediately took place. The experiment which had thus been accidentally suggested was repeated a large number of times, and it was found that no longer epilepsy, but a deep anæsthesia, followed the application of chloroform. The same thing was afterwards observed in cats, dogs, and rabbits. As the anæsthesia passes off, the animal gives evidence of returning nervous and muscular sensibility; there are tremors in the four limbs. Then it tries to get up, but presents either hemiplegic or paraplegic symptoms, such as were noticed before anæsthesia took place; occasionally there is delirium, and when consciousness has returned there is a considerable degree of hyperæsthesia, and may be inflammation of the skin if the dose of chloroform has been strong. When the experiment ends fatally, death may occur, either suddenly or less quickly.

Local Bleeding in Inflammation.

Probably the advantages of local bleeding are as clearly established as those of any remedial measure known. Yet they are not supported by "laboratory therapeutics." They are, in fact, opposed by them. Lately, in order to demonstrate how useless it is to take blood from inflamed parts, Dr. E. Maragliano, Prof. of General Pathology in Genoa, performed the following experiments: The web of the foot of a curarized frog was placed under the microscope, and rubbed over with dilute croton oil; as soon as the signs of inflammation were noticed (stagnation and aggregation of the red corpuscles in the capillaries, arrangement of the white corpuscles along the venous wall), the crural vein of the other leg was opened, and a considerable quantity of blood allowed to escape. The inflammation, judged by microscopic observation, was not arrested by this proceeding; it rather became worse, and soon there was complete stasis of the circulation in the affected part. The experiment was repeated on a rabbit's ear, but in this case the blood was abstracted by leeches placed at the root of the affected ear. The result was similar; the inflammation increased in intensity, and entered more slowly on resolution than in those instances in which no bleeding was practiced. The author concludes, therefore, that the abstraction of blood, either generally or locally, rather aggravates than mitigates the inflammatory process.—(*Cbl. f. d. Med. Wiss. 20th November*, 1880.)

It is to be hoped his opinion will have no weight.

Ether and Chloroform.

In the *Lancet*, November 20, Dr. Saundby has a judicious article on these anæsthetics. He observes that inflammation of the lungs or air passages forbids the use of ether. The vapor of ether irritates healthy lungs, often to an excessive degree, and sometimes causes a slight bronchitis for a day or two, while occasionally it gives rise to fatal œdema of the lungs, even where no previous disease existed in these organs. It is, therefore, plain that all inflammatory conditions of the lungs are likely to be made worse by ether. Chloroform is to be preferred in all such cases. Cardiac disease *per se* does not contra-indicate ether, as the drug aids a weak heart. In aortic incompetence with badly filled arteries the circulation becomes better during the administration of ether. In mitral disease the case is somewhat different. It must be remembered that ether frequently causes spasmodic dyspnœa, which ordinarily need cause no alarm, and calls for nothing but temporary suspension of the administration, but during which there is great venous turgescence, and the right side of the heart is necessarily overloaded with blood. So that wherever the right side of the heart is weak and dilated one should prefer chloroform to ether. The same would hold good of dilatation of the right ventricle apart from mitral disease.

Fractures, herniæ, and other conditions in which complete muscular relaxation is required, are cases in which, *cæteris paribus*, one should use chloroform.

Operations about the face can sometimes be performed only with difficulty, or not at all, while ether is being administered; in these, chloroform must be employed.

Young children take chloroform with such ease and safety that it is to be preferred for them.

Away with the Spray.

Fort mit dem Spray!—Away with the Spray!—is the title of an interesting clinical lecture by Professor Victor von Bruns, of Tübingen (*Berliner Klinische Wochenschrift*, No. 43, for October 25th, 1880). There are now not a few earnest believers in the so-called antiseptic surgery—that is, Listerism—who are beginning to ask whether the spray is really a necessary part of a thoroughly antiseptic system of dressing wounds.

Prof. B. gives an array of statistics which he considers amply sufficient to prove that the spray is not always necessary, either during an operation or the after-dressings which it may necessitate. "For myself at least," says the learned Professor, "and, I hope, for every one who is not prejudiced, in view of the above facts, there can be no doubt of the inutility of the spray, and I consider myself fully justified in using the dictum at the heading of this lecture—'Fort mit dem Spray!'"

At a late meeting of the Royal Medical and Chirurgical Society of London, Dr. Bantock, Physician to the Samaritan Free Hospital, also denounced the spray, ascribing to the use of carbolic acid most of the pyrexial and other untoward symptoms that have occurred in cases of ovariotomy which he had performed under what he alleges were true "Listerian" precautions. He believes the severity of the pyrexia is due to the toxic effects of the carbolic acid used in the spray, and states that in proportion as he has reduced the strength of his solutions, there has been less and less pyrexia in his cases.

Effects of Tobacco on the Uterine Functions.

In a late issue of the Lyon *Médical*, Dr. Ygonin denies that tobacco is hurtful to those women engaged in its manufacture, and bases his views on his experience in the factories of Lyons. The women employed in these factories menstruate, as a rule, regularly and naturally, and do not appear to abort or miscarry oftener than other women; nor are their children more subject than other children to the diseases of early life.

Some years ago, we heard Prof. Pajot say that he had delivered occasionally women whose employment was in the large government tobacco factories of Paris. The amniotic liquid would not unfrequently be darker than natural and have a decided odor of tobacco! But he did not find either the confinements more troublesome or the children less viable than in the same class of life generally.

Special Reports.

II.—DISEASES OF CHILDREN.

The scientific activity in Pædiatrics hardly keeps pace with the demand for it, if we may be allowed to judge of the latter by the mortality reported from all quarters during the first decade of life. As always in season, we begin with some recent observations on

Pertussis.

In 1879 several English journals adduced evidence in favor of its treatment with *atropia* combined with carbolic acid inhalations. Dr. William Lee, of Baltimore, reported, in the New York *Medical Journal*, July, 1880, some successful cases thus managed. He used the atropia hypodermically, in a solution of gr. iv, to water f. ℥ j. Of this he injected one minim or more, according to the patient's age, with ten minims of water, always using it as early in the morning as possible, and repeating it at night if occasion required. The carbolic-acid solution, of the strength of five per cent., made with the very best crystals, was used as follows: five strips of Canton flannel, three inches wide and five inches long, were saturated with this solution, and hung around the patient's bed and about the room at bedtime, and they were moistened with the solution once again during the night.

As an example of its effects we quote the following case:—

Mary S., three years old, first seen August 1st, had well-developed whooping-cough. The mother stated that she had whooped fifteen times daily for the previous three days. She had particularly noticed each one because of their being so severe. One minim of the atropia solution was injected, and the carbolic acid was used at bedtime. August 2d.—Since the last note she has had ten paroxysms, those at night having been less severe. 3d.—There have been six paroxysms since the last visit—one, at night, having been very severe. 4th.—Six paroxysms have occurred, two of them very severe. The nurse had neglected the inhalations. 5th.—There have been four paroxysms, of short duration. 6th.—Three paroxysms, of very slight severity, have occurred. 7th.—But one paroxysm has occurred; very severe, however. 8th.—There have been no

more paroxysms. She is very thirsty. The treatment, which had consisted of the daily repetition of that mentioned in the first note, was now suspended. 9th.—There have been two paroxysms. Treatment renewed. 10th.—She has had no paroxysms, and has coughed but little. At the end of three days more she had entirely recovered.

Instead of using a spraying apparatus, which is not handy in country practice, Dr. E. J. Beal has suggested (St. Louis *Clinical Record*, July, 1880,) another plan, which he describes as follows, and from which he claims quite gratifying results:—

Three or four thicknesses of white flannel, four by four inches, are quilted together and suspended by tape around the neck of the little sufferer, like a necklace. The pad so formed is to be saturated three or four times daily with the following mixture. and to be worn night and day. When the child sleeps, the pad to be placed in close proximity to the respiratory outlets.

℞.	Ol. sassafras,	ʒ iij
	Ol. terebinth.,	ʒ iv
	Fl. ext. belladon.,	ʒ ss
	Phenol sodique,	ʒ iv. M.

If it is apprehended that the little sufferer will place the pad in the mouth, it would likely be well to be guarded in not exceeding the amount of belladonna suggested.

Spina Bifida.

There is a growing evidence in favor of the method of treating this affection, brought into notice by Dr. Morton, of Glasgow (1877), or, as we think is more correct, by Dr. Brainard, of Chicago (1848). A case is recorded in the Edinburgh *Journal* of October, by Dr. J. M'Watt:—

The tumor was situated over the second and third cervical vertebræ, and was fluctuating. It had a broad base, and had greatly enlarged since birth, and was now about the size of a small orange. It increased in tension on crying. The skin over it was thin-looking and livid. March 14, a small amount of clear fluid was drawn off, and two days after this, enough of the contents being removed by a canula to render the tumor flaccid, 20 minims of Dr. Morton's fluid were injected:—

℞.	Iodi,	gr. x
	Pot. iod.,	ʒ ss
	Glycerine,	ʒ j. M.

On the following day slight inflammation and hardening were observed. The inflammation during the next few days gradually subsided, while the hardening increased.

April 15th. As the tumor was softening, and fluctuation could be detected, tapping was again resorted to, a tablespoonful (all that would come) of clear fluid being drawn off. In a few days afterwards 20 minims of the iodo-glycerine solution were injected.

May 15th. A trocar and canula was introduced, but no fluid came away.

June 4th. The tumor being greatly diminished in size, and quite hard, the patient was dismissed.

At a subsequent period the child was doing well, and the cure seemed complete.

Hereditary Syphilis and Rickets.

The *Progrès Médical*, of July and August last, published some lectures by Professor Parrot, upon rickets. As a cause of this disease, inherited syphilis holds an important place, and one recognized by all writers on the subject; but it has never been considered as the only cause. This, however, is the proposition which the lecturer advances: "All cases of rachitis are derived from one source—hereditary syphilis." As physician to the Hospice des Enfants Assistés, M. Parrot has an unrivaled field for observation; and although the statement is sweeping, it was probably made upon good foundation, at least, with much in its favor.

Dr. Samuel Gee gave it a qualified approval in the *Lancet*, Sept. 18, in which he has a lecture on large heads in children. He says of inherited syphilis that it enlarges the head in two ways:—

First, the characteristic enlargement is due to extensive growth of the osteophytes described by Parrot. The cranial bones, especially the frontal and occipital bones, become greatly thickened, it may be as much as two or even three centimetres. The big head, such as it is, is indicative not of a cranial cavity larger than natural, but only of a thickened skull. Wherefore the enlargement of the head from this cause is never great. Secondly, the head of syphilitic children often possesses all the characters which I have just assigned to the rickety head, and I have always deemed these children to be both syphilitic and rickety, and have even gone so far as to believe that syphilis may be looked upon as a cause of rickets.

Dr. Gee does not, however, consider syphilis as the sole cause of rickets, but as only one of many.

Although rickets is, fortunately, a disease not common in this country, the following list of essential symptoms will be of interest. They are arranged in the order of their relative frequency by Dr. H. Cripps Laurence, from an extensive observation of the disease as it appears in London, where the opportunities are ample for its study. His paper appeared in the *Medical Press and Circular*, last May:—

Essential characteristics: (*a*) Enlargement of wrists. (*b*) Sweating about the head. (*c*) Enlargement of ankles. (*d*) Convulsions *during* dentition. (*e*) Laryngismus. (*f*) Tenderness. (*g*) Rolling of the head on the pillow. (*h*) Enlargement of the ends of ribs—"beading." (*i*) Restlessness. (*j*) Spinal curvature. (*k*) Unclosed fontanelle, at 2½ years, 3 years, and 3 years

and 4 months. (*l*) Pigeon-breast, fractures. (*m*) Convulsions *before* dentition.

Dr. Laurence's object was chiefly to develop certain pathognomonic signs of the disease, and especially to point out that as enlargement of the superficial glands is a certain index of an impression made by rickets on the whole lymphatic system; so, in reference to the osseous system, "beading of the ribs" is not only an index of commencing changes in other bones, due to rickets, but, being demonstrable earlier in the ribs than in other bones, as a forerunner it is an early symptom, forearms, and thus acquires an especial relative value among the prodromata of rickets.

Nervous Diseases.

The nervous system in infancy has been the subject of some interesting investigations. Dr. Saltmann, of Breslau, has shown that the irritability of the motor nerves in early infancy is less than at a later age; the same is true of the sensory nerves, the excitability of which is below the average at birth, but increases during the first few months of life to a maximum above the average, from which it decreases to the normal (*Jahrbuch für Kinderheilkunde*, Bd. XIV).

Related to these physiological researches, is an article by Dr. H. Schmidt, in the same journal (Bd. XV) on hysteria in young children. He argues that, though rare, it is occasionally well marked, and hence is not necessarily connected with the sexual functions. He gives four cases, at the ages of seven, eight, nine and thirteen years, all girls. Although the symptoms were often severe, as violent vomiting, severe convulsions, strangling, aphonia, etc., they all yielded to a purely psychical treatment, thus demonstrating their undoubted hysterical character. These observations are important, as the possibility that apparently grave symptoms in children may be hysterical is not generally taken into account in framing a diagnosis.

Correspondence.

Remarks on Diphtheria.

Ed. Med. and Surg. Reporter.

I sit down to give my views of the nature and treatment of diphtheria. It is now generally considered, by the profession, a zymotic disease, poisoning the system and locally manifesting itself by the exudation of false membrane on the tonsils, fauces, air passages, and when the poison is very intense, often upon abraded surfaces. The false membrane generally first appears upon the tonsils at that point which receives the impact of the current of air passing through the nasal passages on its way to the lungs. Why it is that the tonsils is the part upon which the false membrane generally first makes its appearance has often been a wonder to me, but now I have my theory to account for it. The function of the tonsils is to act as a kind of air-brake or breakwater, to break the force of the current of air before it reaches the larynx and air passages, and at the same time to act as a kind of warming pan, as my friend, Dr. McKinney, of New Brighton, Pa., suggests that I should call it, to the air before it enters the lungs, thus protecting them from the hurtful effects of cold. The tonsils, thus acting as a pillar upon which a current of air is broken up at each inspiration, and at the same time, acting as a kind of warming pan to the air before it enters the lungs, must necessarily be richly supplied with veins, arteries and nerves, else their vitality would speedily be imperiled by those depressing agents. While my theory of their function would lead to this conclusion, anatomical investigation confirms it. The distribution of blood vessels and nerves to the tonsils is perhaps richer than to any other organ of the same size in the human body. Now, when the vitality of the blood is impaired by the diphtheritic poison, then, in spite of the amount of blood supplied to the tonsils, their vitality is lowered below the point where their function can be healthfully performed without detriment to their own structure. The rapid change and disintegration going on in the tonsils, and particularly in their mucous membrane, is not replaced by healthy tissue or membrane, but by tissue having less vitality. That which takes the place of the healthy mucous membrane being called false membrane. This is why we have false membrane on the tonsils, in mild cases of diphtheria, before the disease is manifest locally in any other part of the body. The air, loaded with the zymotic poison, comes forcibly in contact with the tonsils before entering the lungs. So that, aside from the depressing effects of the cold, this part of the tonsils is more thickly sown with the germs of the disease than any other part of the body. In severe or malignant cases of the disease, false membrane may appear on any part of the body denuded of its cuticle. Still, it is an open question with me, whether, even in the most malignant cases, the tonsils are not first affected. The diphtheritic poison once having entered the system in sufficient quantity to cause a deterioration of the blood, all the tissues of the body are not as well nourished as in health, and there is a rapid increase of worn-out material and material unfit for use in the economy. This worn-out and unfit material must be eliminated from the body through the excretory glands and organs, else the cumulative effects of the poison and impurities in the blood will soon culminate in the death of the patient.

Now, if my theory is correct, the proper treatment is obvious and rational. First, stimulate the parts whose vitality is depressed below the point where healthy tissue can be reproduced. Second, stimulate the emunctories, so that the impurities of the blood and other worn-out material may be eliminated as fast as formed; and third, stimulate and sustain the system until the first two ob-

jects are achieved. If this can be done, the patient will get well, otherwise not.

Having given my theory and plan of treatment, it will next be in order to come down from generalities to particulars, and give my particular remedies and the method of their administration in the treatment of diphtheria. The excretory organs should be stimulated to their utmost capacity, if necessary, in order that the impurities of the blood may be eliminated as fast as formed, not only the worn-out material circulating in the blood, the natural result of the wear and tear accompanying functional activity of the organs—not only the increased excretory material resulting from the diphtheritic poison circulating in the blood, but *also* the excretory material of those animalcula which are supposed to be the cause of the disease. I dwell upon the necessity of doing all that is possible to keep the blood free from impurities of all kinds, because I think it is an important part in the treatment, not only of diphtheria, but of *all* diseases, a part too often neglected or overlooked by the general practitioner. This is to be done by diuretics, diaphoretics, cathartics, etc. Every physician has his own preferences in regard to particular remedies, and it is well to leave him free to choose those which his own experience leads him to put the most trust in, no matter what remedies he uses, so he keeps clearly in mind the object to be achieved and achieves it. The same might be said of the other two objects to be attained—viz., the stimulation and support of the system and of the parts whose vitality has been lowered.

When first called to see a patient sick with diphtheria, I direct that the bowels be properly evacuated. The cathartic is prescribed to meet the general indications, not as a *diphtheritic* cathartic, if I may use the expression; after the bowels are evacuated, or before, if the case is urgent or the general indications do not forbid, I prescribe a sedative, diuretic and diaphoretic, in the form of the original Dover's powders or as follows:—

℞. Pulv. ipecac, ℈ ss
Potass. nit., ʒj. M.
Ft. pulv. x.

Sig.—One every two or three hours.

Or a stimulating diuretic and diaphoretic, in the form of hot water, whisky, and sweet spirits of nitre flavored to suit the taste, and duly proportioned to meet the indications. Give it hot, sweet, and stimulating enough to slightly inebriate, and it will rarely fail to produce profuse diuresis and diaphoresis. While prescribing energetic remedies to stimulate the excretory organs we need not be idle in regard to what might be called specific treatment, anti-zymotic. Apply freely to the parts covered with false membrane pure carbolic acid liquefied by heat. This application acts not only as a stimulant to the parts, but as an anti-zymotic, the vapors from it being inhaled, and possibly a little mixed with the secretions from the parts is ingested. This application, when the tonsils are only covered with false membrane, protects the parts most exposed to the zymotic poison, as with a shield, preventing any further deposit or absorption. The throat, or I should say the parts covered with false membrane, should be mopped, swabbed or penciled, once a day or two or three times a day, just as the severity of the case would appear to demand it. Don't be afraid to give the carbolic acid *in its purity*. It never burns deep, and the pain from its application does not last long. In one severe case, where my resolution almost gave way, on account of the little sufferer's struggles and pitiful cries, the mother of the child, who had just recovered from the disease under similar treatment, encouraged me to persevere, because the application, though painful for a time, was followed by such lasting relief. In this case, as in all my other cases where the same course of treatment was carried out, the patient recovered. Having thus closed or repaired the breach in our line of defence, the next step is to overcome and expel that part of the enemy's forces already within our works, and assaulting the very citadel of life. To do this we must strengthen the powers or resources of defence by giving stimulants, nourishing food, and securing a sufficient amount of refreshing sleep. At the same time do not forget to keep the excretory organs at work. For internal medication, I prefer a preparation something like the following:—

℞. Potass. chlor., ʒj
Tr. ferri mur., ♏ ss
Alcohol, ♏ j
Syr. simplic., q.s. ut ft. ʒiv. M.

Sig.—Take a teaspoonful every two or three hours, in a little water.

This plan of treatment perseveringly adhered to, and faithfully carried out to the end, will, I believe, in the vast majority of cases, if not in all, restore your patient to health, build up your reputation as a skillful, fearless and successful practitioner, and last, though not least, fill your pockets with substantial tokens of your patient's appreciation of your services.

H. Nye, M.D.

Enon Valley, Pa., December 20th, 1880.

Ovarian Dropsy.

Ed. Med. and Surg. Reporter:—

The following report of a case of ovarian dropsy was presented by A. E. Bigelow, M. D., of Barre, to the Vermont State Medical Society, at its annual meeting in October last. Being somewhat remarkable, on account of its duration, nearly twenty-eight years, the number of operations performed, and the quantity of fluid taken away, it seemed to me to be of sufficient professional interest to ask a place in the columns of your widely-circulated journal. The statements made are entirely reliable.

L. C. Butler, M.D., *Secretary.*

In June, 1853, I was called to see Mrs. Ira Holden, aged 42, a strong, muscular woman, the mother of six children at that time. During the preceding two or three years I had treated her for occasional attacks of vomiting. These paroxysms occurred from three to four times a year and lasted from twelve to twenty-four hours.

The fluid vomited would equal about twelve pounds, or a Shaker pailful, and on standing assumed a thick, semi-gelatinous appearance, color dark green. At this time I did not find her vomiting as usual, but diagnosed ovarian dropsy and removed sixteen pounds of fluid similar in character to the fluid vomited previously. In November following I drew off nine pounds, making a total for the year 1853, of 25 lbs.

In 1854, at 3 operations I removed,				28½ lbs.
In 1855, at 6	"	"	"	53 "
In 1856, at 3	"	"	"	26 "

January 15th, of this year, I removed 6 lbs, and in Februrary she gave birth to a seventh child, a healthy daughter, and no further operation was necessary until September following.

In 1857, at 6 operations there were				45 lbs.
In 1858, at 7	"	"	"	46½ "
In 1859, at 10	"	"	"	77¼ "
In 1860, at 10	"	"	"	99½ "
In 1861, at 7	"	"	"	66¼ "
In 1862, at 8	"	"	"	106 "
In 1863, at 4	"	"	"	96¾ "
In 1864, at 4	"	"	"	82¾ "
In 1865, at 3	"	"	"	74 "
In 1866, at 6	"	"	"	124½ "
In 1867, at 9	"	"	"	91½ "
In 1868, at 8	"	"	"	94¼ "
In 1869, at 8	"	"	"	96¾ "
In 1870, at 8	"	"	"	99¾ "
In 1871, at 9	"	"	"	123½ "
In 1872, at 9	"	"	"	134¼ "
In 1873, at 11	"	"	"	182½ "
In 1874, at 11	"	"	"	204¼ "
In 1875, at 12	"	"	"	242½ "
In 1876, at 23	"	"	"	489¾ "
In 1877, at 27	"	"	"	543¾ "
In 1878, at 26	"	"	"	650 "
In 1879, at 26	"	"	"	714 "
In 1880, to September 2d, 19 times,				479¼ "

During twenty-seven years and three months there were 278 operations, removing 5096½ lbs, an average of 18¼ lbs at each operation. Allowing a pint for a pound, we have a total of 2548 quarts, or 637 gallons, and at thirty gallons to a barrel, we have 21 barrels and seven gallons, being more than double the quantity reported in the famous case in Dr. Watson's *Practice of Medicine.*

The patient died September 2d, 1880, and on the day following an autopsy was made, Drs. Chamberlin—who has attended her for several years past—Braley, Worthen and myself being present.

We found the sac connected with the right ovary occupying a large portion of the abdominal cavity, and firmly adherent to its walls, and attached by a strong fibrous band to the serous covering of the stomach. The upper portion of the sac had a hard, schirrous appearance, and a similar substance was found on the sides and at its lower portion. Connected with the left ovary, we found a cyst containing two pounds and fourteen ounces of clear liquid. The abdominal organs and uterus appeared healthy.

A. E. Bigelow, M.D.

Recovery From Severe Burn.

Ed. Med. and Surg. Reporter:—

Allow me to call the attention of your numerous readers to a case of severe burn, with recovery, under conditions eminently unfavorable.

On the 26th of May last I was hastily summoned to see Aunt Sally F., a lady unusually beloved by all of our community, who, the messenger said, had been "fearfully burned." I at once answered the summons, but did so with the feeling that if the burn was of any magnitude my patient must die, as from previous experience I had learned that the patient had been for years a victim of rheumatic troubles, was at times affected with "rheumatism of the heart," and was also the victim of a large umbilical hernia; also, she had but recently returned from the West (Kansas), where she had suffered from bilious malarial fever, from the effects of which she had not fully recovered. Upon arriving at the house I found the following condition of affairs: The lady's dress had ignited from the fire in the stove, and had literally burned off from her, and upon the body were the following burns, the measurements being in inches: Right arm 6 x 4, left arm 7 x 17, abdomen 9 x 20, right breast 3 x 8, left breast 10 x 4, right hand 2½ x 4, left hand, two places, 2½ x 4 and 2½ x 3; upon the back were five burns, measuring respectively 2 x 2, 6½ x 6, 7½ x 4½, 2½ x 3½, and 3½ x 5½. These measurements were taken after sloughing had commenced, and were not taken the longest way, but were average measurements. It may be necessary to state that the lady, who is 56 years old, is very large and fleshy

The right arm was burned to the 5th degree (Erichsen), the abdomen to the 3d degree, the rest of the wounds to the 2d degree. The sloughs separated readily. The shock was excessive, but the reaction was not so. The wounds went steadily on toward healing, until, at this date, all are healed, with the exception of an ulcer, the size of a silver dollar, upon the right arm.

The treatment was simple. Oleum lini and aqua calcis until sloughs separated, then cosmoline to the remaining ulcers.

There was no trouble with the heart; no perceptible duodenitis, in fact, no alarming symptoms. The internal treatment consisted of laxatives and occasional diuretics.

The case was seen by my colleague, Dr. A. F. Carr, also by Drs. Leonard French and L. Melville French, of Manchester. I think this case shows us that a strong will on the part of the patient, combined with good nursing, can carry through cases that we are inclined to consider hopeless. Frank Blaisdell, M.D.

Goffstown, N. H., Dec. 21st, 1880.

On the Propriety of Publishing Medical Lectures.

Ed. Med. and Surg. Reporter:—

According to an argument in the November number of *Gaillard's Medical Journal*, on "Hospital and College Lectures," such works as Watson's Practice, Sayre's Orthopædic Surgery, etc., should be discarded from physicians' libraries. Such works, of course, were lectures, delivered to medical students.

He says:—"As these lectures are intended for medical students, and often for students attending their first course, the publication of them for the instruction of experienced practitioners is inappropriate and incomprehensible."

If this be true, what is the use of "experienced practitioners" attending medical lectures? Medical students are entitled to, and should receive, as thorough teaching as medical practitioners, for the "tree will grow as the twig has been trained," and if the medical student is unable to comprehend thorough teaching he should engage in something else. He says:—"They (practitioners) should have their reward in papers prepared for physicians, and not for beginners in the medical field." The trouble is, our journals contain too many such papers, and not enough clinical experience, which could not be presented in a more reliable and practical form than in the publication of clinical lectures delivered by teachers of great clinical experience.

W. J. Owsley, M.D.

New Maysville, Ind., December, 1880.

A Singular Case of Diabetes.

Ed. Med. and Surg. Reporter:—

I have a patient, twenty-six years old, who drinks about thirteen quarts of water, and discharges about the same quantity of urine, every twenty-four hours. The urine is perfectly odorless and colorless, has a specific gravity 1.003, contains neither sugar nor albumen, and has continued thus for the past ten years. The patient appears hearty and strong, and works at an iron manufactory, and complains of nothing except this excessive desire for drink, which floods through the kidneys as fast as he drinks it. About all the prominent remedies laid down for diabetes have been given him, with no beneficial effects. Inasmuch as the urine contains no sugar, and has not the specific gravity found in diabetes, would some of the readers of the Reporter give their opinion and suggest treatment of this peculiar case?

D. C. Laverty, M.D.

Middletown, Pa., December 20, 1880.

News and Miscellany.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service October 1st, 1880, to December 31st, 1880.

Bailhache, P. H., Surgeon. Detailed as chairman Board of Examiners of candidates for promotion, October 6, 1880. To proceed to Norfolk, Va., as inspector, November 1, 1880. Detailed as president Board of Inquiry, to meet in St. Louis, Mo., November 17, 1880, November 9, 1880. Upon conclusion of duties under orders of November 9th, to proceed to Dubuque, Iowa; LaCrosse and Milwaukee, Wis.; Chicago, Ill.; Detroit, Mich.; and Buffalo, N. Y., as inspector, November 10, 1880.

Miller, T. W., Surgeon. Detailed as member Board of Inquiry, to meet in St. Louis, Mo., November 17, 1880, November 9, 1880.

Purviance, George, Surgeon. Detailed as recorder Board of Inquiry, to meet in St. Louis, Mo., November 17, 1880, November 9, 1880. Upon conclusion of duties under orders of November 9th, to proceed to Louisville, Ky., as inspector, November 19, 1880.

Doering, E. J., Surgeon. Granted leave of absence for thirteen days from January 3, 1881, December 29, 1880.

Smith, Henry, Passed Asst. Surgeon. To proceed to Key West, Fla., and assume temporary charge of the Service at that port, December 13, 1880.

Fisher, J. C., Passed Asst. Surgeon. Detailed as recorder Board of Examiners of candidates for promotion, October 6, 1880.

Keyes, H. M., Asst. Surgeon. To report to president Board of Inquiry, November 17, 1880, November 10, 1880.

Cooke, H. P., Asst. Surgeon. To proceed to Galveston, Texas, and assume charge of the Service at that port, relieving Assistant Surgeon Guitéras, December 14, 1880.

Heath, W. H., Asst. Surgeon. Granted leave of absence for twenty days, from Oct. 21, 1880, Oct. 20, 1880. To proceed to Buffalo, N. Y., and assume temporary charge of the service at that port, relieving Assistant Surgeon Cooke, Nov. 18, 1880. To assume charge of the Service at Buffalo, Dec. 14, 1880.

Guitéras, John, Asst. Surgeon. To proceed to Galveston, Texas, and assume temporary charge of the Service at that port, relieving Passed Assistant Surgeon Smith, Dec. 13, 1880. When relieved by Assistant Surgeon Cooke to rejoin his station, Dec. 15, 1880.

Wheeler, W. A., Asst. Surgeon. To proceed to Pittsburgh, Pa., and report for temporary duty to Surgeon Purviance, Nov. 10, 1880. Relieved from further duty at Pittsburgh, and ordered to report to Surgeon Fessenden at New York, Nov. 27, 1880.

Benson, J. A., Asst. Surgeon. To proceed to Boston, Mass., and report for temporary duty to Surgeon Vansant, Oct. 15, 1880.

Banks, C. E., Asst. Surgeon. To act as inspector of unserviceable hospital property at San Francisco, Cal., Nov. 2, 1880.

RESIGNATION.

Brown, F. H., Passed Asst. Surgeon. Resignation accepted by the Secretary of the Treasury, to take effect Nov. 5, 1880, Oct. 7, 1880.

PROMOTION.

Goldsborough, C. B., Passed Asst. Surgeon. Promoted to be Passed Asst. Surgeon from Oct. 14, 1880, Oct. 14, 1880.

DEATH.

Glazier, W. C. W., Asst. Surgeon. Died at Key West, Fla., of yellow fever, Dec. 12, 1880.

DISMISSED.

Keyes, H. M., Asst. Surgeon. Dismissed the Service, to take effect Dec. 31, 1880, Dec. 24, 1880.

—A choleriform disease has prevailed with considerable severity in one of the hotels of Little Rock, Arkansas. The Board of Health has taken no action, and the local newspapers have kept very silent about it.

The Bogus Diploma Business in Pennsylvania.

The Governor of this State, in his annual message, given to the public last week, presents a succinct resumé of what was done by the authorities to check the disgraceful traffic in diplomas in this Commonwealth. He states that the General Assembly requested the Attorney General to institute proceedings in the Courts against the American University of Philadelphia, on account of the abuse of its franchises "in the unlawful sale of diplomas to persons who had not pursued the prescribed course of study, and who were unfitted, by reason of ignorance, to practice medicine." In accordance with this request writs of quo warranto were sued out by him against the American University of Philadelphia and the Eclectic Medical College of Pennsylvania, another institution claiming a like charter, and managed by the same persons controlling the American University. In both cases favorable judgments have been rendered, and the said charters declared forfeited by the Courts, and as an incidental result, the manager and official head of these institutions has been convicted and imprisoned for violating the laws relative to the sale of diplomas and other crimes. Proceedings, not yet terminated, have also been commenced against the Philadelphia University of Medicine and Surgery.

This action on the part of the State authorities has not been too speedy. Evidence of the sale of diplomas in large numbers, not only in this country but in England and on the Continent of Europe, has been secured, and complaints transmitted through our representatives abroad to the State Department at Washington, of the presence in the hands of grossly ignorant persons of regularly issued diplomas from institutions chartered by the State of Pennsylvania, authorizing the holders to practice medicine, are corroborative of ascertained facts. It was high time that so serious a disgrace to the good name of the State should be abated.

No appropriation was made to enable the Attorney General to prosecute this work, and he was practically powerless until the necessary means were advanced by a public-spirited citizen of Philadelphia, to whom, it is hoped, recompense will be speedily made, through appropriate legislation. The Governor recommends the adoption of a system of registration of medical diplomas, with appropriate penalties for non-registration or for practicing under a diploma irregularly obtained.

The Adulteration of Drugs.

According to a report on this subject to the National Board of Health, by C. Lewis Diehl, it is gratifying to know that persons who really desire to obtain articles of standard quality, and at a proportionate price, have very little difficulty in being able to do so, and can be suited by respectable dealers throughout the land, while poor and adulterated articles are present, and are very likely to be obtained by ignorant persons or by those who are indifferent to the character of the dealer, and are desirous of regulating their purchases by the price rather than the quality of the goods. Crude drugs can usually be obtained of good quality, though many are sold which have deteriorated by prolonged or careless preservation. Powdered drugs (those of fair quality can usually be obtained) are liable to the grossest adulterations, particularly those which are frequently handled (like spices) by both grocers and druggists. That this practice still continues is shown by the fact that powders are often sold at the price of, or at an inadequate advance upon, the crude drug, notwithstanding the loss incurred in drying and powdering. Infusions, decoctions, solid and fluid extracts and tinctures are all found to vary in strength and quality, from good and indifferent to positively bad; some manufacturers adhering to the requirements of the Pharmacopœia, while others admit inferiorities in order to save cost and to be able to undersell.

The International Sanitary Conference.

The conference held its first meeting January 5th. Mr. John H. Hay, Assistant Secretary of State, was appointed chairman, but owing to the delay in the arrival of several foreign delegates, an adjournment was made to January 12th. One of the leading members stated that the principal object which the Boards of Health hope to accomplish through the medium of the Conference is to obtain the right to search all vessels which may arrive or leave ports of the United States, to ascertain the presence of disease on board. There have been three or four international sanitary conferences during the past twenty years, the chief object of which has been to secure some international quarantine regulations. All attempts to accomplish this end have failed, and the Board has abandoned all hopes of trying to secure international quarantine. The bill which created the National Board of Health gave that body the right to search vessels to ascertain the presence of disease, but, of course, the power was nugatory under the present international understanding on that subject.

The Condition of Malaga.

Malaga has some repute as a health resort. But, as with most Mediterranean cities, it has some unpleasant features. United States Consul H. C. Marston gives the following in regard to the sanitary condition of the city. In the old portion of Malaga the streets are exceedingly narrow, some of them not exceeding fifteen feet in width, and only on certain streets can a conveyance of any kind be driven. These narrow streets are paved with large boulders, and are kept tolerably free from dirt, but the drainage from the dwellings is very bad, and in almost every house the smell from the drain, together with the smell of a very inferior quality of oil used by the lower classes in cooking, is beyond description. The fact that Malaga escapes an epidemic can only be attributed to the excellence of the climate.

—An International Anti-vaccination Congress was held not long since at Paris.

New York State Insane Asylums.

The efforts of Drs. Seguin, Hammond, Spitzka and others have led to a pretty thorough airing of the condition of the insane in New York State. A Senate Committee spent some time, last month, in taking testimony and making personal inspections. Considerable crookedness was developed, such as appointments and removals by political and personal influence, the too free use of cribs and camisoles, incompetence of assistants, etc. The report of the Committee will probably largely justify the severe censures which a year ago were made by the gentlemen we have named, on the treatment of the insane in the New York hospitals and asylums.

Centenarians.

—Mrs. Harriet N. Cooper, a colored woman, died at Cheltenham, near St. Louis, on New Year's day, aged 115 years. She weighed 400 pounds. Mrs. Cooper was the mother of twenty-five children, the youngest of whom is 62 years old. Her husband is 101 years of age and is still living.

—Miss Betsy Rooth, of Greenville, Conn., who died last week, aged 100 years and 4 months, was the oldest person in Eastern Connecticut.

Florida this Winter.

A private letter from Jacksonville, dated Dec. 30th, informs us that on that day the thermometer fell 50° in ten hours, and was then as low as 18°. Ice was two inches thick. There has been a great deal of malarial fever in that State the past fall and early winter, and the prospects for an active "season" are not excessively bright.

Personal.

—Dr. Albert W. Murphy, a genuine live Yankee from New Hampshire, has been appointed dentist to the Royal Court of Spain, with a residence at Madrid.

—Dr. John Stenhouse, F. R. S., the very distinguished Scottish chemist and sanitarian, is dead, aged 71 years. He was born in Glasgow, October 21st, 1809, and was educated at Glasgow Grammar School, at Anderson College and the University of Glasgow, where he studied chemisty under Professors Graham and Thomson. Dr. Stenhouse was the author of nearly one hundred papers on chemical subjects specially devoted to sanitary purposes.

—Dr. H. W. Gedicke of Newark, N. J., was sentenced, last week, to ten years in the State Prison and to pay a fine of $2000, for an attempt to procure an abortion. The severity of the sentence caused considerable surprise, as the abortion was not performed, and there was some evidence that looked as if the charge was an effort at blackmail.

—Dr. Wm. S. Janney assumed the duties of Coroner of Philadelphia last week. He appointed as Chemical Analyst, Dr. John J. Reese, and as Physicians, Drs. Joseph Neff and John G. Lee.

The International Congress of Hygiene.

It is announced officially, that the fourth International Congress of Hygiene will be held at Geneva in September, 1882, and it is confidently anticipated that London will have the honor of entertaining the fifth Congress in 1884. At Turin, where it was held last summer, as at Paris, the number of English and American members present was very small indeed, and they contributed little to the scientific work done.

Items

—The smallpox in Philadelphia continues to demand from thirty to forty victims per week.

—In New York and Brooklyn the epidemic of diphtheria seems to abate but little, the mortality continuing to be large. About one death an hour took place from this disease in New York last week.

—The French Society of Hygiene passed a resolution at its last sitting, that it was desirable that a canal be constructed from Paris to the sea, in order to discharge on the coast the contents of the sewers, and that this should also receive the offal and night soil of the capital.

OBITUARY NOTICE.

Dr. E. M. Wight, aged 40, died of pneumonia, at Chattanooga, Tennessee, January 6th. He was a member of the Tennessee State Board of Health, Inspector of the National Board of Health in 1879, and enjoyed a wide reputation in the South as a physician and politician. He was the Republican candidate for Governor in 1878, and for two terms was Mayor of Chattanooga.

QUERIES AND REPLIES.

Dr. L. P., of N.Y.—We can subscribe for you to any French medical journal you wish. *Le Progres Médical*, or the *Gazette des Hôpitaux* are about the best.

Student.—The word "Cornage" is not to be found in the medical dictionaries. It was introduced, we believe, by Professor Sée, of Paris, and is a harsh, noisy respiration, pathognomonic of stricture in the air ducts.

Dr. J. S. K., of Pa.—Boracic acid has been tried in diphtheria. Dr. Jacobi speaks unfavorably of it. Others have claimed good effects.

Dr. Alphonso.—1st. Goitre is not rare in the lower animals. The dogs of Salzburg often have it. 2d. We doubt if the exciting cause of goitre is clearly made out.

Mr. Editor:—In "A Tough Case," by Dr Fierce, in Reporter, January 1st, 1881, use general and local faradization (with Horsford's Liquid Acid Phosphates internally), twice or thrice a week.

Tennessee. S. W. Caldwell, M.D.

MARRIAGES.

YOUNG—STARKS.—At the Methodist Church, in Como, Mississippi, December 28th, 1880, by Rev. C. N. Terry, A. A. Young, M.D., and Mary C. Starks, daughter of the late Rev. S. G. Starks.

CLOUD—SHARPE.—At Savannah, Ga., Dr. J. A. Cloud and Mrs. A. A. Sharpe, of Boston, daughter of Hon. John Hickman, of Pennsylvania.